Medicine for All Ages Siddha

Irunelveli. 24 - 25. February 2001



Souvenir cum ntific Abstracts

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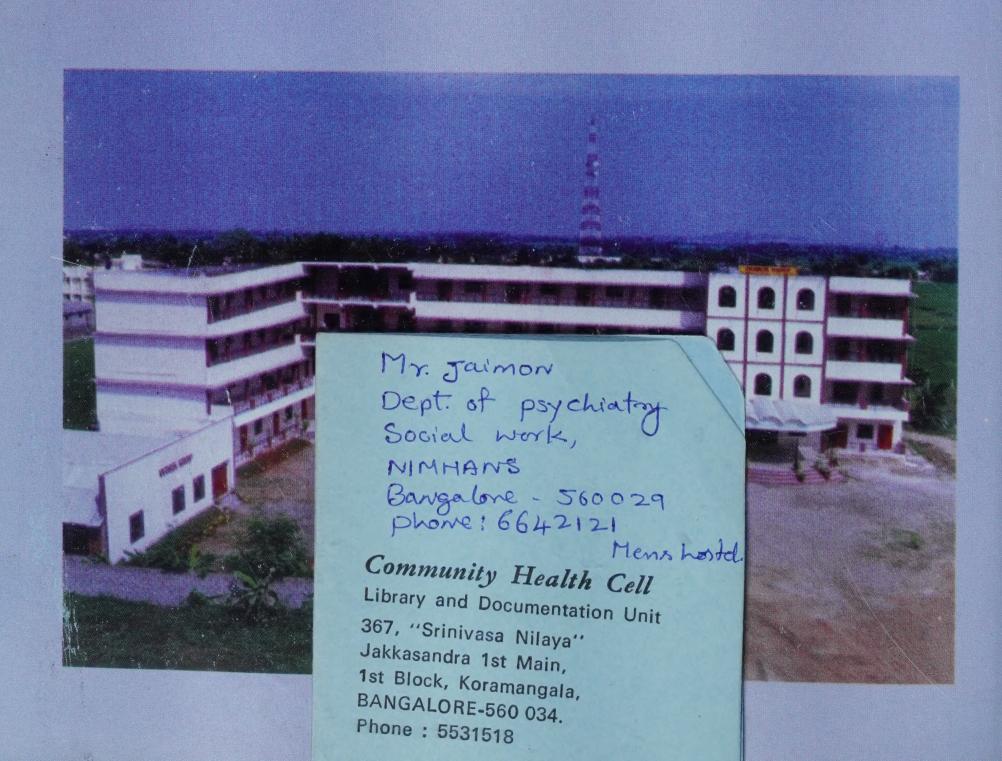
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For carclib

அட்டைப்படம் : வெற்றிலைக் கொடிக்கால் (betel leaf garden)

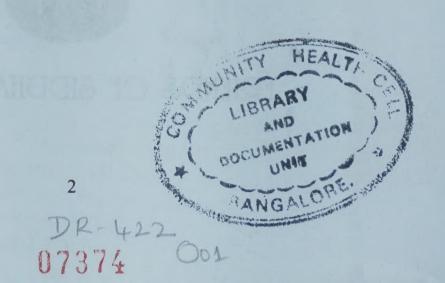
வெற்றிலையின் குணம்

ஐய மறுங்காண் தண் ணசாரங் கொண்டக்காற் பையச் சயித்தியம் போம் பைந்தொடியே மெய்யின் கடியின் குணம் போகுங் காரவெற் றிலைக்குப் படியுமுத் தோட மிதைப் பார்

பதார்த்த குண சிந்தாமணி

பொருள் :

கார வெற்றிலைச் சாறு அருந்த கபம், சீதளம், காணாக்கடி விலகும். மேலும், வாத, பித்த, கபம் என்ற முத்தோடங்களும் நீங்கும்.



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- * Encouraging genuine traditional medical practitioner and research

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प्रधान मंत्री भवन नई दिल्ली Prime Minister's House New Delhi - 110011

Arati Kachroo Additional Private Secretary to the Prime Minister

15th January 2001

Dear Dr. Thas,

Thank you for your letter dated 24th November, 2000 inviting the Prime Minister to inaugurate the Naitonal Conference on Siddha Medicine for All Ages on 24th February, 2001 at Palayamkottai in Tamil Nadu.

Due to his busy schedule of prior commitments, the Prime Minister would be unable to join you on the occasion. He sends his best wishes for the success of the Conference.

With regards,

(Arati Kachroo)

Dr. J. Joseph Thas
President
Friends of Siddha Medicine
78, Trivandrum Road
Palayamkottai
Tirunelveli - 627 002
Tamilnadu

Raj Bhavan Chennai - 600 022

Karunasager, I.P.S. Aide-de-Camp to the Governor

29th December 2000

Dear Sir,

I have been directed to acknowledge your letter and to thank you for the kind invitation to Her Excellency the Governor.

Due to prior engagements, Her excellency is unable to accept the invitation. However, Her Excellency, the Governor wishes the function all success.

With best wishes.

Karunasager

ADC to the Governor

Dr. J. Joseph Thas Friends of Siddha Medicine 78, Trivandrum Road Palayamkottai Tirunelveli - 627 002 Tamilnadu





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Ist January 2001

Sir,

Smt. Shailaja Chandra,

Health & Family Welfare,

New Delhi

Secretary, Department of Indian Systems of

Medicine & Homoeopathy, Ministry of

I am directed to refer to your letter dated November 14, 2000 inviting Smt. Shailaja Chandra, Secretary, Department of Indian Systems of Medicine & Homoeopathy, Ministry of Health & F.W. to attend the National Conference on Siddha Medicine being organised on 24 - 25 February, 2001 at Palayamkottai. In this connection I am to inform you that it will not be possible for Smt. Chandra to attend the conference on account of prior official commitments. She wishes the conference all success.

With best wishes.

M. C. Sharma

Pr. Private Seceretary

Dr. J. Joseph Thas
President
Friends of Siddha Medicine
78, Trivandrum Road
Palayamkottai
Tirunelveli - 627 002
Tamilnadu

13/5 Third Avenue Indira Nagar Chennai 600 020 Tamilnadu India

Dr. Lalitha Kameswaran Member, Tamilnadu Planning Commission Former Vice Chancellor, Tamilnadu Dr. M.G.R. Medical University Chennai

21st November 2000

Dear Dr. Joseph Thas,

Thank you very much for your letter dated 14.11.2000 which I received yesterday. Let me congratulate you on your efforts to organise a National conference on Siddha Medicine. It is long overdue and unless constructive steps are taken by Siddha practitioners themselves the system is not likely to progress much your efforts to mobilese Siddha praclitioners and well-wishes are commendable.

Lalitha Kameswaran

Lhammanan



FRIENDS OF SIDDHA MEDICINE

78, Trivandrum Road, Palayamkottai, Tirunelveli - 627 002, **Tamilnadu, India.**

Phone: 0462-573725 / 580982

Cell: 98421-44772

Dr. J. Joseph Thas B.Sc., M.B.B.S., M.Sc., Ph.D., D.Sc. President

24.02.2001

Dear Friend of Siddha Medicine

Greetings from FRIENDS OF SIDDHA MEDICINE.

With great pleasure I welcome you all for the *National Conference on Siddha Medicine for All Ages* is being held at St. Xavier's College (Autonomous), Palayamkottai, Tirunelveli, the capital of Siddha Medicine, Tamilnadu on 24 & 25 February 2001.

The contribution you make in this conference will go a long way in furthering the understanding and practice of Siddha Medicine for the well being of all mankind.

Siddha along with Ayurveda, Unanai and some other less known systems of India constitute what is collectively called Indian Medicine. Yet there is a tendency even among some responsible Indians to equate Indian Medicine only with Ayurveda and ignore Siddha and other branches of Indian Medicine. They try to portray Ayurveda as a synonym for Indian Medicine. This disinformation campaign has resulted in keeping Siddha in the dark from national and international attention. This tendency continues even today.

FRIENDS OF SIDDHA MEDICINE has no grudge against Ayurveda but tries to undo the injustice being done to Siddha Medicine, and restore the due recognition it deserves. In a positive way FRIENDS OF SIDDHA MEDICINE tries to popularise the benefits of Siddha treatment. With this in mind the conference is organized. It has brought Siddha, Ayurveda doctors, scientists, students from different fields as well as lovers and patrons of Siddha Medicine together in this conference.

The conference will be a fitting occasion to honour eminent people who have done their best for Siddha Medicine all along their life.

The honorary titles of Siddha Maruthuva Kavalar and Siddha Maruthuva Chemmal are awarded during this conference to Siddha stalwarts. The list of Siddha Maruthuva Chemmals have been arranged according to the age and not on any other consideration as they are all equally great.

Successful organisation of this conference was possible only with the help of Rev. Fr. Jayapathy S.J., Director, Folklore Resources and Research Centre, St. Xavier's College (Autonomous), Palayamkottai and Thiru Clitus Babu, Director, SCAD the cosponsors of this conference. Their cooperation is gratefully acknowledged.

I thank the donors, and advertisers and other well wishers for their help.

We will soon meet once again in the International Conference on Siddha Medicine to be organised by FRENDS OF SIDDHA MEDICINE. Till then wish you all good luck. Thanking you.

Yours truly.

Dr. J. Joseph Thas

President

Something about ISM

Siddha along with Ayurveda and Unani constitute which is collectively known as Indian Medicine. While Ayurveda and Unani are practised throughout India, Siddha is almost confined to Tamilnadu and some parts of other South Indian states. Siddha is an ancient system of medicine of Dravidian origin. It has catered to the health needs of the people in South India from time immemorial. Siddha literature are in Tamil.

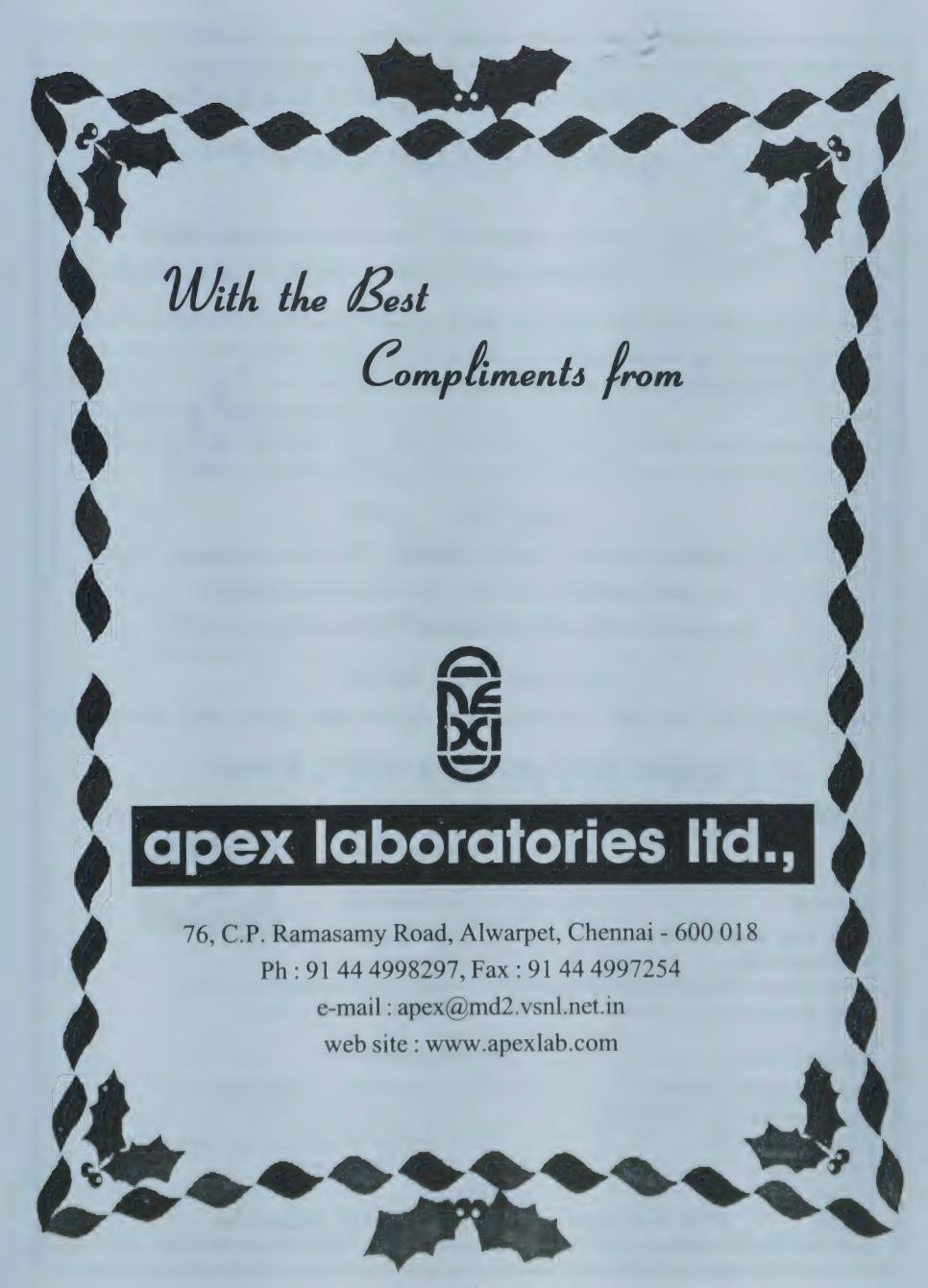
FRENDS OF SIDDHA MEDICINE (FSM) is an organisation with the sole aim to protect and promote Siddha Medicine which faces several threats from various quarters. For instance, in November 1999, the Central Council for Research in Ayurveda and Siddha, New Delhi, under the Ministry of Health and Family Welfare, Govt. of India, ordered shifting of Siddha research units situated at Tirunelveli to Bangalore. FRENDS OF SIDDHA MEDICINE rose to the occasion and created an awareness among the public, administrators and power centres regarding the adverse impact of this decision on Siddha medicine. Due to this awareness, the Govt. of India dropped the idea of shifting these Siddha Research Units to Bangalore.

Again, the Union Public Service Commission (UPSC), New Delhi called for a post of Director of Indian Medicine (Ayurveda and Siddha) from among Ayurveda and Siddha post graduate doctors. The prescribed essential qualifications included working knowledge in Hindi. As everybody knows, Siddha graduates are trained in Tamil as medium of instructions and one can expect a working knowledge in English. Knowledge in Hindi cannot be expected from such graduates. By this imposition of Hindi as an essential qualification almost all Siddha graduates were deterred from even thinking of applying for the post. This discrimination against Siddha doctors was brought to the notice of Government of India through representation and press. We could not succeed in our effort. Our initiative was also not followed up by the people who are directly affected by this discrimination.

FRIENDS OF SIDDHA MEDICINE also fought for the early establishment of National Institute for Siddha at Chennai, for which the foundation stone was laid as far back as March 1999. Even Homeopathy, Naturopathy and Unani like systems have respective National Institutes. But realization of Siddha National Institute seems to be a far off dream. FRIENDS OF SIDDHA MEDICINE represented this matter to the Government of India and still fighting for the early establishment of the National Institute of Siddha. When it materialises, it promises not only quality research for Siddha medicine but also employment opportunities to hundreds of Siddha graduates and others.

FRIENDS OF SIDDHA MEDICINE has created awareness among the public about the effectiveness of Siddha medicine in preventing and controlling several common and rare diseases. For instance, we have created awareness among the public about the effectiveness of Siddha Medicine in controlling leptospirosis.

FRENDS OF SIDDHA MEDICINE tries to promote health related activities and create awareness among the public the effectiveness of Siddha Medicine. FSM tries to promote health awareness and execute health promotion activities. FSM conducts Siddha and related medical camps. FSM tries to establish Siddha and related medicine hospitals and research centres for the benefit of the public.





நோயற்ற வாழ்விற்கு சித்தர்கள் அருளிய சித்த மருத்துவம்

தமிழர் பண்பாடு தொன்மையானது, அதன் பெருமைகளில் முக்கியமானது சித்த மருத்துவம்

நீண்ட நெடுங்காலமாக தமிழக மக்களை ஆரோக்கியமாக வாழவைத்த பாரம்பரிய வைத்திய முறைகளை நவீன இயந்திரங்களைக் கொண்டு, பாரம்பரிய மருத்துவரின் துணையோடு, சித்த மருத்துவத்தில் பட்டம் பெற்ற மருத்துவர்களின் மேற்பார்வையில், மிகுந்த தரக்கட்டுப்பாட்டுடன் SKM சித்த மருந்துகள் தயாரிக்கப்படுகின்றன. எமது SKM சித்த வைத்திய சாலை கடந்த 12 ஆண்டு களாக ஈரோட்டில் செயல்பட்டு வருகிறது. சென்னையிலும் தற்போது கிளை தொடங்கப்பட்டுள்ளது. சித்த மருத்துவர்களும் நோயாளிகளும் இச்சேவையைப் பெற்று பயனடையக் கேட்டுக் கொள்கிறோம்.

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மருத்துவர் குழு : *சென்னை*

Dr. K. ராஜலட்சுமி சிவராமன் MD (Siddha), Dr. S. ஜோசப் மரியா அடைக்கலம் MD (Siddha)

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கீழ்க்கண்ட முகவரிகளில் மருத்துவர்களுக்கு சித்த மருந்துகள் நியாயமான விலையில் விற்பனை செய்யப்படுகிறது.

சென்னை

SKM சித்த வைத்திய சாலை 16, கண்ணையா தெரு வடக்கு உஸ்மான் ரோடு தபால் நிலையம் அருகில், தி.நகர். சென்னை. போன் : 8240195

திண்டுக்கல்

மகிரிஷி சித்த மருத்துவமனை ஜீவ ஜோதி பில்டிங், 45, சாலை ரோடு திண்டுக்கல் – 624 001 போன்: 433450 பொள்ளாச்சி

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கோவை

கந்தசாமி சித்த மருத்துவமனை
WISE டிரஸ்ட், 266, மேட்டுப்பாளையம் ரோடு
B 11 காவல் நிலையம் அருகில், கோவை – 43
போன்: 442832, 445433

AGOTG

SKM உடல் மற்றும் மனநல அறக்கட்டளை சித்த மருத்துவமனை 133, சென்னிமலை ரோடு, (ரயில் நிலையம் அருகில்) ஈரோடு – 1. போன் : 259293, 268391



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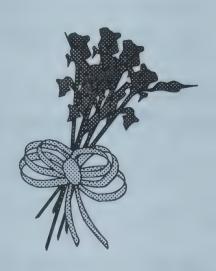
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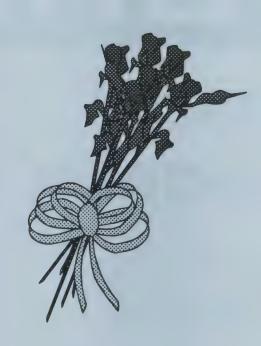
எண். 45, அரோமா லாட்ஜ் பில்டிங், பாலமோர் ரோடு

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எமது சிறப்பு தயாரிப்பு

- 🗆 காயத்திரு6மனி தைலம் 🗅 அயபிருங்கராஜ கல்பம்
- மகருக்குரை தைலம்
- □ குளிர்தாமரை தைலம்
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சஞ்சீவி பார்மா

ஈடு இணையற்ற ஏழாவது ஆண்டு சேவையில் சிறந்த சித்த மருந்துகள் தயாரிக்கும் நிறுவனம் (சாஸ்திரீய மற்றும் எமது சொந்த தயாரிப்பு மருந்துகள்)

(MFG.LIC No.589 - 25D)



"சித்த மருந்துகளால் உலகம் முழுவதும் ஆரோக்கியமான மனித சமுதாயத்தை உருவாக்குவோம்"

எமது தலை சிறந்த சித்த மருத்துவ கேப்ஸ்யூல்கள் வாசா போர்ட், நியூஸ்கினோ, பெப்ஸிங், ஒபிசான், விஸில், ஜெட் 100 கோல்டு,

> லூகோடி மூல்கேர் டயாகேர்



வலுவான தேகம், நிறைவான இன்பம் பெற, நரம்புத் தளர்ச்சி நீங்கிட

'ரிஷி கல்ப்' லேகியம் (தங்க பற்பம் கலந்தது)

நாட்பட்ட மூட்டு வாத நோய்களுக்கு சிறப்பான 'ருமோ ஜீவி கோல்டு' கேப்ஸ்யூல்ஸ் (தங்க பற்பம் கலந்தது) சிரப் வடிவிலான சித்த மருந்துகள்

நியுலிவ், அஸ்வாஜீவி, அலோஜின், வாசா போர்ட்

ஆயில் சஞ்சீவி 777 ஆயில், சஞ்சீவி ஹொ்பல் ஹோ் ஆயில், ருமோஜீவி ஆயில், சஞ்சீவி நியூஸ்கினோ ஆயில், இதை தவிர சாஸ்திரீய மருந்துகள் பற்பம், செந்தூரம் சூரணம், லேகியம், தைலம்

மருத்துவர்களுக்கும், மருந்தகங்களுக்கும் சிறப்பு சலுகை உண்டு

தயாரிப்பு நிலையம் : 3/479 MIG பிளாட் முகப்பேர் கிழக்கு சென்னை – 50 மொத்த விற்பனையாளர் : சஞ்சீவி பார்மா டிரேடர்ஸ் 36, சுண்ணாம்பு கால்வாய் தெரு அமைந்தகரை, சென்னை – 29

துணை விற்பனையாளர் : சஞ்சீவி எண்டர்பிரைசஸ் 6/2 B அய்யனார் கோவில் தெரு திருவாரூர் – 2

விற்பனையகம் மற்றும் கிளினிக் : சஞ்சீவி பார்மா எண்.5, என்.எஸ்.கே.நகர் சித்த மருத்துவக் கல்லூரி எதிரில் அரும்பாக்கம், சென்னை - 106 தொலைபேசி - 6287118, 6221973 இங்கு - பட்டம் பெற்ற சித்த மருத்துவர்களின் ஆலோசனைகளை நேரிலும், தபாலிலும் பெறலாம். நாட்பட்ட தோல்நோய்கள், மூட்டுவாத நோய்கள், ஆஸ்த்துமா, குழந்தைப் பேறின்மை முதலியவற்றிற்கு சிறப்பான ஆலோசனை வழங்கப்படும்.

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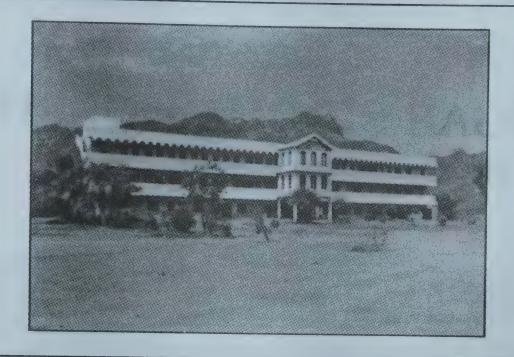
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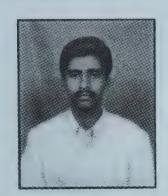
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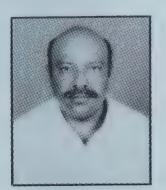
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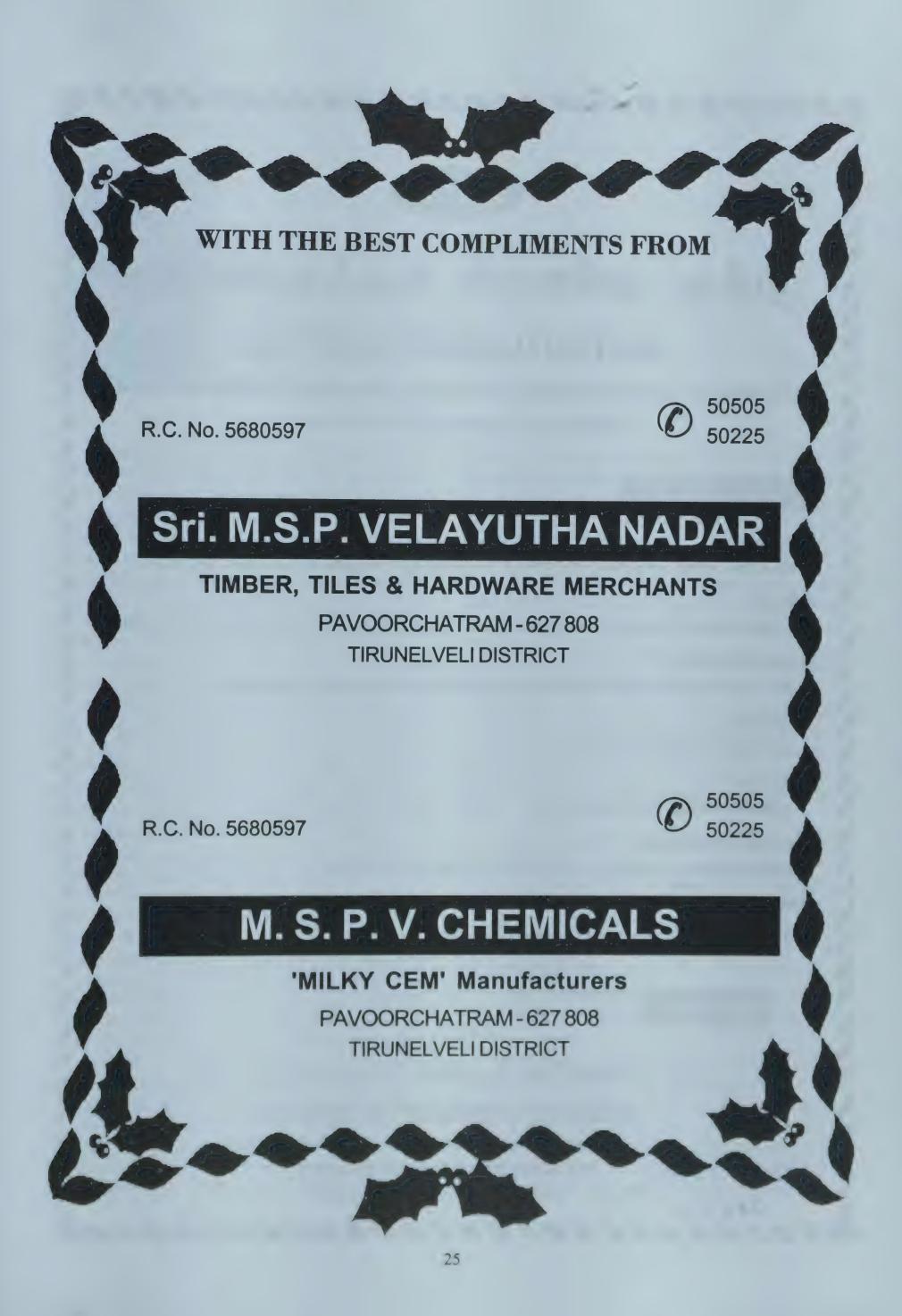
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KEY NOTE ADDRESS



TMT. QUDSIA GANDHI, I.A.S. Commissioner,
Agricultural Income Tax,
Chennai

Respected Thiru Lakshmikanthan Bharathi, former Secretary Indian Medicine and Homeopathy, Government of Tamilnadu, Dear brother Thiru RamMohan Rao, Director of Indian Medicine and Homeopathy, Collector and President of this function, Thiru Dhanavel, distinguished guests and participants, and Friends of Siddha Medicine., Vanakkam. I congratulate the Friends of Siddha Medicine and their co-sponsors namely the Folklore Resources and Research Centre, St. Xavier's College and the SCAD Group for successfully organizing this National Conference on Siddha Medicine. I thank the organizers for honouring me by providing the opportunity to deliver the keynote address today in this National.Conference on Siddha Medicines for all Ages and to honour those who have in some way or other done service to either the Siddha system of medicine or to the practitioners of the system. Of special mention is Thiru Lakshmikanthan Bharathi who had the good fortune to act as the Director as well as the Secretary to the Government in the department of Indian Medicine and Homeopathy. In fact it was he who carved a separate department for Indian Systems of Medicine out of the Health Department and became its first Secretary. Such was his devotion to the system that he himself used to personally put up the notes for circulation to the Chief Minister along with the draft order for the G.O. and used to carry the files personally to the finance, personnel and administrative reforms secretaries and the chief secretary get their approvals then and there and finally he used to rush to the Chief Minister's office and somehow or other managed to get his approval too on the same day, get back to his office and issue the Government Order the very same day and also used to send it to me and all concerned on the same day!! This he did not do once, twice or thrice but till he laid down his office on the 31st of October 1984.

Friends I may remind you that it was he who got the famous G.O. issued in which in one stroke 200 Siddha dispensaries were ordered to be opened; it was he who strived to bring pay parity to the doctors of ISM on par with the allopathy doctors and succeeded too, it was he who introduced the kit supply system in all dispensaries. All the G.Os issued during his tenure in the Health and ISM&H departments will speak of his commitment to Indian systems of medicine in general and Siddha in particular. Sir, I feel privileged to have worked with you in these departments and under your infectuous enthusiasm and guidance if I have also done something for the betterment of the system and its practitioners the whole credit would go to you Sir. No other better person could have been chosen to be honoured with the title 'Siddha Maruthuva Kavalar' meaning The Protector of Siddha Medicine. I congratulate you sir for getting this award.

I also congratulate Dr. R. Thiagarajan, Dr. Pon. Gurusironmani, Dr. J.R. Krishnamoorthy, Dr. A. Anandakumar, Dr. R. Kannan, Dr. M. Sivasubram Pillai, Dr. M. Jeynool Aptheen, Dr. M. Fasiudeen Ahamed for the title of 'Siddha Maruthuva Chemmal' being awarded to you for your long standing service to the cause of Siddha.

I also congratulate the Friends of Siddha Medicine for having chosen the right person for the right award.

The theme of this National Conference is very interesting and very apt.. In my discourse today I would be using the term traditional medicine instead of Siddha as the problems and issues that would be addressed would be universal for all the indigenous systems of medicine world over. Today the whole world is divided in its opinion on indigenous medicine and allopathy

medicine. The votaries of traditional medicine decry the allopathy system of medicine while the votaries of allopathy dismiss traditional medicine and its practitioners as nothing short of quackery and quacks. I would like to read out a news item which appeared on the 14th of this month in the New Indian Express under the caption "India refuses to swallow Britain's bitter pill for Ayurveda". The House of Lords' Select Committee on Science and Technology, in its sixth report, recently dismissed Ayurveda as "unscientific". The report classifies Ayurveda as "Techniques that offer diagnosis as well as treatment but for which scientific evidence is almost completely lacking". Besides the Indian High Commission the Ayurvedic companies have written to the head of the committee, asking him to consider "modifying conclusions" in the face of scientific evidence. This report obviously is based on the research techniques that are unsuitable to prove the efficacy of several systems of traditional medicine. In many a forum I have spoken on this and today I reiterate this point. The standards and procedures applicable to allopathic medicine are applied to non-allopathic modalities whose doctrinal structure is quite different. In the United States of America the situation is improving.

A glance at the history of the past twenty-five years in the US will show how the regulatory challenge today differs from what it was in the early 1970s before the alternative medicine movement emerged into prominence. Prior to 1970 there was public and regulatory consensus on the nature and definition of medical "science". In the late 1960s and early 1970s, for the first time ever, ordinary medical consumers began to question the recommendations of their family physicians who recommended larger and larger doses of antibiotics for the commonest health problems of children and adults. This consumer movement in medicine was part of a rising dissatisfaction with many social and political institutions. It drew support from a growing awareness of the environmental and ecological dimensions of social problems. The "health food" and herbalist movement was another potent ingredient in the new social fermentation. Consumers became convinced that commercially grown food, already found to be tasteless, was also devoid of nutritional value. The very soil on which the crops were grown was now regarded as "dead" from the overadministration of agricultural chemicals and incapable of producing tasty and nutritious food. The movements for natural childbirth, midwifery, breastfeeding instead of commercial milk formulas, and for the reduction, suspension, or outright abolition of childhood vaccinations were part of this same maturation of health awareness. Many consumers became convinced that diseases themselves arise from poor nutrition and can

be treated or cured by enhancing the patient's nutritional status. A 1993 article in the New England Journal of Medicine announced that in 1990 there were 425 million visits to providers of unconventional therapy in the US vs. 388 million visits to all primary care physicians (general and family practitioners, pediatricians, and specialists in internal medicine). Americans spent \$13.7 billion on alternative therapy (including vitamins and dietary supplements) in 1990. In terms of out-of-pocket expenses, the American consumer in 1990 spent \$10.3 billion on alternative treatments, \$12.8 on all hospitalizations, and \$23.5 billion on all visits to allopathic physicians. This was seven years ago, and the gap today is considerably wider. The report also reveals that the allopathic physicians themselves are making greater and greater use of alternative modalities. The value of these physician-prescribed alternative medicines was estimated at \$5 billion in 1996 by a member of the Health Quality Enforcement Section of the California Attorney General's Office in Los Angeles. This only goes to prove that it is not the efficacy of the system or otherwise that matters it is only the unscientific attitude of the intolerance and bigotry creates all the confusions. However this is not to belittle the significance of scientific enquiry.

Traditional medicine needs different procedures and standards which those who proclaim themselves to be scientists need to understand. Time and again several postulates of Indian Medicine especially Siddha medicine is being proved by the Western researches. The popular doctrine of Siddha medicine 'food is medicine-medicine by itself is food' has been proven many a time by the European and American scientists. Similarly the postulate that the human body is composed of minerals and metals has also been proved through several research studies by the Western scientists. The Siddhars who had mastered their body and spirit have left mysteries yet unraveled. The so-called modern science is not yet advanced enough to reach the heights of the Siddhars. Some may scoff and scorn at this statement but medical history is proving it to be true. I can quote many examples the latest being leptospirosis which has been described in the Siddha texts as ratta pitta noi. Recently Dr. Joseph Thas had released a paper in which he has elaborated the correlation between the two.

The tasks and challenges before the practitioners of Siddha medicine are as follows:

1. Standardisation of raw drugs. This would mean controlled monitoring over cultivation of plant material; prevention of extinction of the raw drugs from all sources viz. plant, animal, metals and minerals; rejuvenation of

extinct material; distinction of genuine from pollutants/ adulterants; listing of and making available cheaper equivalents not only to bring down costs but also for preservation of and prevention from overexploitation of rare/underextinction/extinct material so as to bring within the reach of financially weaker physicians and patients. A database to be prepared enumerating the physical and pharmacological variations, if any, owing to geographical and climatic differences.

- 2. Standardisation of processing. This is both crucial and critical and much more complex than the sstandardisation of both raw and prepared medicine. The various texts of siddha enumerate different methods of processing in preparation of the same medicine. It is quite possible that different methods might carry different efficacy and with the difference in the method the resultant might be of varied potency. It is therefore imminent to test all the known methods of processing and the end product in terms of efficacy, desirable potency, cost effectiveness and timesaving in that order without trying to compromise.
- 3. Standardisation of prepared medicine. Once the former two are standardized this is comparatively easier. Still easy said than done perhaps! On the basis of all the above three standardizations a master database should be compiling the different permutations and combinations so that a compendium of 'suvai', 'gunam', 'veeryam', 'vipakam', etc., becomes available. This gains significance in the wake of the WTO agreement. This type of research should also combine the effects of anupanam
- 4. Siddha system of medicine is just not drugs and fomentations, it is a way of life. Food, psychological and attitudinal aspects, habits aand many other factors are involved. This type of research should also combine the effects of anupanam, paththiyam etc., Therefore, all these factors should be studied in detailed if to satisfy/reconfirm the sayings of the Siddhars.
- 5. It is in the process of evolution of the above that a clinical database would also evolve. Otherwise the clinical trials adopting the modalities of allopathy would serve very limited purpose and would continue to meet with little success or total failure.
- 6. Finally to correlate the modern terminology of diseases and their symptoms with the literature found in Siddha. All the above six challenges enumerated are highly formidable and require adequate funds. Finance should not be a constraint as there are several agencies

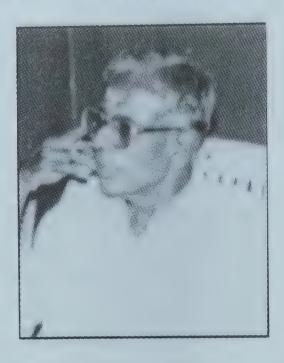
which provide financial assistance if properly approached. It is also time consuming. However, better late than never! Data is available in abundance though may not be adequately represented, With the available data a beginning should be made. A graded and gradual but steady effort should be made and as and when data become available the files could be added or rearranged etc. In this age of information technology and hi-tech dataprocessing this should not be difficult at all. To me it appears that once standardization of raw drugs is completed the other data could be mostly created through simulation. Even the clinical trials could be conducted with 'virtual patients' in 'virtual clinics' by 'virtual physicians.'?!

Even without all the fore-mentioned scientific approaches the consumers would flock to siddha and other traditional systems of diagnosis and prognosis as long as the medicines prove to satisfy in curing their ailments whatever criticism by the so called self professed scientific community but for the sake of our posterity and ages to come this type of research is drastically and urgently needed.

Last but not the least consumer awareness would be the ultimate recourse. We have seen the tremendous impact of the awareness movement all over the world. The Americans who take pride in calling themselves the First Citizen of this universe have now realized the folly of resorting to inorganic, synthetic and chemical products. The whole world is imitating the Americans and we are no exception. The Americans are now on their way to adopt the Indian way of life. Organically grown food, townships in which no product synthetic or chemically manufactured is allowed, clothes made of natural fibre grown without any chemical pesticide or insecticide, and yoga and meditation have become their way of life. Let us not wake to this reality and try to imitate them when we have become a disabled population in many ways. Let us get back to what our Siddhars have taught us. Let us adopt strict norms of discipline for our own good. Let us start several awareness campaigns on the devastating effects of chemicals. My appeal to the proponents of the traditional systems world over would be for concerted efforts toward this end. Let us forget the micro differences among the different traditional medical systems. It is time to exchange notes, to coordinate and to cooperate. Let us try to make this universe, atleast our milky way galaxy, disease free, pollution free and with less of manmade hazards. Jai Hind and Vazhga Tamizh and Onguga Tamizhmaruthuvathin Pugazh!

444

SIDDHA MARUTHUVA KAVALAR



Thiru K. Lakshmikanthan Barathi, I.A.S. (Retd)

SIDDHA MARUTHUVA CHEMMAL



Dr. R. Thiagarajan, L.I.M.



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வயிற்றை கலக்கும் அதிசய நோய்



சித்த மருத்துவச் செம்மல் மரு. *இரா. கண்ணன்* சித்த மருத்துவ நிபுணர், பிரியா நர்ஸிங்ஹோம், திருச்சி – 17, தமிழ்நாடு.

மனிதனை வாட்டும் நோய்கள் பல வகைப்படும் என்பதை நாம் அறிவோம். ஒவ்வொரு நோயும் ஒவ்வொரு காரணத்தினால் ஏற்படுகிறது. நம் மன பாதிப்பினாலேயே சில உடல் நோய்கள் தோன்றுகின்றன என்றால் உங்களுக்கு ஆச்சரியமாக இல்லையா? ஆம். அவ்வாறு தோன்றும் நோய்களில் ஒன்று தான் கிரகணி என்று சொல்லப்படுகிற கொலைட்டிஸ் நோயாகும்.

இந்நோயுள்ளவர்களுக்கு எப்பொழுதும் மன அழுத்தம், மன உறுத்தலும் இருந்து கொண்டே இருக்கும். ஒரு நாளில் பலமுறை மலம் கழிக்க வேண்டும் என்ற உணர்வு இருக்கும். வீட்டை விட்டு வெளியே வேலைக்கு செல்கின்ற போதும் அல்லது வெளியூம் செல்லும் போதும் எப்படி வெளியே போவோம் என்ற கவலையுடன் இருப்பார்கள். அப்படி வெளியே செல்லும் முன்பு கழிப்பறைக்குச் சென்று சிறிதளவாவது மலம் கழித்து விட்டுச் சென்றால் தான் அவர்களுக்கு நிம்மதி எற்படும். இம்மாதிரி நோய் உள்ளவர்கள் பெரும்பாலும் வெளியூர் செல்வதையே தவிர்த்து விடுவார்கள். இந்நோயினால் பாதிக்கப்பட்டவர்களுக்கு உணவு உட் கொண்ட உடன் மலம் கழிக்க வேண்டும் என்ற உணர்வு ஏற்படும். இந்நோய் தொடர்ந்து பல ஆண்டுகள் இருந்தால் பெருங்குடலிலே புண்ணும், ரத்தக் கசிவும் ஏற்பட வாய்ப்பு உண்டு. மலம் கழிக்கும் போது சளிச் சவ்வும் வெளிப்படும். எல்லாவற்றிற்கும் மேலாக அதிகமான பாதிப்பு ஏற்பட்டு எப்பொழுதும் ஒரு அச்ச உணர்வு இருந்து கொண்டே இருக்கும். இதனால் அவர்களது வாழ்வின் முன்னேற்றமே பாதிக்கப்படக் கூடிய குழ்நிலை ஏற்படும்.

பெருங்குடலில் ஏற்படுகின்ற தீவிரமான தாபிதமே தமிழில் "கிரகணி" என்று சொல்லப்படுகின்ற "Ulcerative Colitis" ஆகும். இந்நோய் கண்டவர்களின் ஆசன வாய் வழியாக ரத்தம், சளிச் சவ்வு, சீழ் இவைகள் போவதோடு சுரம், சோபை, உடலின் நீர்ச் சத்து குறைந்து போதல், உடல் எடை குறைந்து போதல் முதலிய தொந்தரவுகளும் தொடரும்.

இந்நோய் பெரும்பாலும் முப்பது வயதிற்குட்பட்ட இள வயதினரையே அதிகமாகப் பாதிக்கிறது. எளிதில் உணர்ச்சி வசப்படுகிறவர்கள், விரைவில் வெட்கப்படுகிறவர்கள் மற்றும் பக்குவப்படாத மன எழுச்சி உடையவர்கள் இவர்களுக்கு ஏற்படுகிறது.

சுருக்கமாகச் சொல்லப் போனால் இந்நோய் உடைய வர்கள் பெரும்பாலும் மன பாதிப்புக்குள் ளானவர்களாகவே இருப்பார்கள். இந்நோய் உள்ளவர்களை ஆராய்ந்து பார்த்தால் அவர்கள் மன அதிர்ச்சிக்கு உட்பட்டு இந்நோய் ஏற்பட்டு அதன் காரணமாகத் தொடர்ந்து வேதனைப்படுவார்கள். இதன் குறிகுணங்கள் பெரும்பாலும் வயிற்றுப் புண்ணை ஒத்திருக்கும்.

வயதானவர்களுக்கு தொடர்ந்து மலச்சிக்கல் இருந்தாலும் அல்லது மலமிளக்கிகளை தொடர்ந்து தவறான முறையில் பயன்படுத்துவதாலும் இந்நோய் தோன்றலாம். சிலருக்கு திடீரென்று சீதக் கழிச்சல் ஏற்பட்டு அதனைத் தொடர்ந்தும் ஏற்படலாம்.

குறிகுணங்கள்

- 1. சில சமயங்களில் இது திடீரென்று தீவிரமான கழிச்சலுடன் தோன்றும். சிரமம் இருக்கும்.
- 2. பொதுவாக வயிற்றுக் கோளாறுகளுக்கு உள்ள குறி குணங்களைக் காட்டுவதோடு மலத்துடன் சளிச்சவ்வு ரத்தம் முதலியவை பல மாதங்களுக்கு. ஏன் பல வருடங்களுக்கும் இருக்கும்.
- 3. சில சமயங்களில் மலம் ஒரு நாளில் இருபது முறை கூடக் கழியலாம். ஆனால் மலம் அளவில் மிகக் குறைவாகவே இருக்கும்.
- ரத்தம், சளிச்சவ்வு மற்றும் சீழ் இவைகள் மலத்துடன் கழிந்தாலும் மலம் எப்போதுமே கெட்டியாக இல்லாமல் குழம்பு போல் இருக்கும்.
- 5. சில சமயங்களில் வயிற்றிலே சில உபத்திரவங்கள் தோன்றலாம். ஆனால் எப்போதும் இருக்கும் என்று சொல்ல முடியாது. சில சமயங்களில் மலம் கழியும் போது வலி இருக்கும்.
- 6. உணவு உட்கொண்ட உடன் வயிற்றிலே தொந்தரவுகள்

ஏற்பட்டு பேதியான பின்னரே நல்ல நிலை உண்டாகும்.

- 7. இந்நோயினால் பாதிக்கப்பட்டவர்களது வயிறு பெருத்துக் காணப்படுவதோடு தொட்டால் வலியும் இருக்கும்.
- 8. ரத்தம் மலத்துடன் வெளியேறிக் கொண்டிருப்பதால் உடல் வெளுத்து, ரத்த சோகையால் பாதிக்கப்பட்டிருப்பார்கள்.

இம்மாதிரி நோய் உள்ளவர்களுக்கு எவ்வளவுதான் மருந்து கொடுத்தாலும் திருப்தியே இருக்காது.

- 1. நோயாளிக்கு மன உறுதியை வளர்க்க வேண்டும்.
- 2. புரதச் சத்து நிறைந்த நல்ல சத்தான உணவுகளைச் சாப்பிடுவது நல்லது.
- 3. பழச்சாறு, பச்சைக் காய்கறிகள் உண்பதும் சிறந்தது.

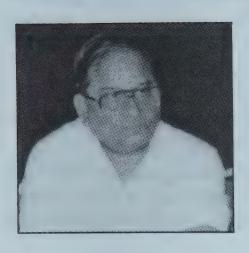
இந்நோயினால் பாதிக்கப்பட்ட ஒரு நோயாளியின் சுவையான சம்பவத்தை கூறுகிறேன்.

மத்திய அரசில் உயர் பணியில் இருக்கின்ற ஒருவர் இந்நோயினால் பல ஆண்டுகள் அவதிப்பட்டு வந்தார். பல்வேறு மருத்துவ சிகிச்சைகள் செய்தும் அவருக்கு குணமாகவில்லை. அவர் பணியின் காரணமாக அடிக்கடி வெளியூர் செல்ல வேண்டி இருந்தது. இதனால் அவர் வெயியூர் செல்ல முடியாமல் மிகவும் கஷ்டப்பட்டு வந்தார். என் சித்த மருத்துவ சிகிச்சை முறையைப் பற்றிக் கேள்விப்பட்டு என்னைத் தேடி வந்தார். அவரது முதற் கேள்வியே டாக்டர் இந்த வியாதியை நீங்கள் குணப்படுத்த முடியுமா? நான் எவ்வளவோ சிகிச்சை செய்தும் எனக்கு பலன் தரவில்லையே என்றார்.

அவர் மனதிற்கு நல்ல தைரியம் கொடுத்து நிச்சயமாகக் குணப்படுத்தலாம். மூன்றே மாதத்தில் பாருங்கள் எனக்கூறி அவருக்கு சித்த மருத்துவ முறையில் சிகிச்சை அளித்தேன், மூன்று மாதங்களில் அவர் முழு நலம் பெற்று இன்று அவர் ஆரோக்கியமாக தன் கடமைகளை செவ்வனே ஆற்றி வருகிறார். என்னை எங்கு பார்த்தாலும் டாக்டர் உங்களால் இன்று நன்றாக இருக்கிறேன். என் பணியின் காரணமாக எல்லா ஊர்களுக்கும் செல்கிறேன். எனது விருப்பம் போல எங்கும் சாப்பிடுகிறேன். இதற்கெல்லாம் உங்கள் சிகிச்சை தான் காரணம் என்று வாயார வாழ்த்துவார்.

இந்நோய் தோன்றிய உடனேயே உடனடியாக சிகிச்சை செய்து கொள்வது நலம். ஆனால் இந்நோய் உடையவர்கள் வெளியே சொல்ல வெட்கப்பட்டு மிக முற்றிய நிலையில்தான் மருத்துவர்களிடம் வருகிறார்கள். அவ்வாறு இல்லாமல் உடன் சிகிச்சை பெற்றால் நோய் முற்றிலும் நீங்கும். சித்த மருத்துவ முறையிலே இந்நோயை எத்தனை காலம் ஆனாலும் உணவு முறைகளாலும், மூலிகைகளைக் கொண்டு சிகிச்சை செய்வதாலும் பூரணமாகக் குணப்படுத்தலாம் என்பதை அனுபவ வாயிலாகக் கண்டிருக்கிறேன்.

SIDDHA MEDICINE - ITS ROLE IN TODAY'S MEDICAL SCIENCE



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Our Siddha system of Medicine is part of civilized evolution of Tamils, the age is yet to be assertively defined. People living in early chapter of Tamil civilization found the necessity of co-existence for survival - mostly utilizing the values of living beings of single sense to multi senses, which were far below the sixth sense of Humans. In our land science and history didn't meet and so no records reliable for study with modern science and technology are available today. But the unique evolution did take place purely by inherent and intro-

spective sense of sages-siddhars and spiritually enlightened nomads.

How this theory of co-existence for mutual survival is explained? Most of the herbs used in Siddha are grown in South and the compounds are made invariably with metals, minerals and animal products or by-products. 'Recycling' of the Natural resources, a most practical science adopted by Tamil Siddha Medicine kept the civilization alive even today with a distinct feature differing from Ayurveda, Unani and other important sys-

tems of Medicine. We have to accept the basic fact that all said and done "everything begings from chemical substances and end either as the same or different chemical compounds". I am not entertaining discussion or discord on the subject Siddha and its Devine Origin. We will discuss here only what to-day's science says.

Plant Secondary Metabolite

The wonders of Nature are discovered and rediscovered by Modern Science. Herbs the main source of our Siddha Medicine produce secondary metabolites, which are defined as the chemical substances that are accumulated in various parts of the plants such as leaves shoot, bark, flowers, roots etc. They are referred as secondary metabolite because the exact function of these compounds is yet to be understood. Perhaps, these compounds may offer protection to the plant from external agents such as insects, plant pathogens and grazing animals etc. These compounds may also offer attractive color to flowers in most cases or sometime to the entire plants, which in turn attract either insect or birds for pollination as various color imparting pigments of flowers and leaves are flavanoids (secondary metabolite). It is also known that, some of the flavanoids in the leguminous plants may attract the nitrogen-fixing organisms for a symbiotic relationship. Some of the secondary metabolites have very pleasant odour, which helps the plant to attract various insects for pollination. Mechanical strength to some of the plants is also given by secondary metabolite. While in some other plants, the secondary metabolite helps in eliminating other group of plants living in their habitat. Such an antagonistic action of one group of plants on other is called alienopathy. Casuarinas and Eucalyptus are examples of such plants.

The uses of plant secondary metabolite to mankind are innumerable. The plant pigments, tannins, phenolic compounds, dyes essential oils, aromas etc. used in Industries are nothing but plant secondary metabolite. In the systems of alternative medicine, the plant secondary metabolites are widely exploited for preparing various secondary metabolites and their quality and quantity are determined by several factors such as age

of the plants, genetic-variability, climate factors, geographic location, other associated floral and faunal community, physical and physiological stress, disease attack etc. This compels a proper identification of the metabolites that are present in each plant or that show a particular medicinal property, the drug. In the systems of alternative medicine, such an evaluation is not been done as the entire system is very much hidden or inherited from father to son. The drugs that are prepared using plant secondary metabolite from same plant grown in two different geographic localities can very widely and hence the evaluation of chemical nature of the secondary metabolite becomes mandatory. If such standards are not met with, the drugs thus prepared may find only the lay market. I am sorry to say that even the basic knowledge about the very existence of secondary metabolite and the various factors that influence their formation in plants are not known to most of thee practitioners of systems of Indian medicine. However old the traditional system may be, scientific evaluation alone may help the systems of Indian medicine to find their spaces in the world map of modern medicine.

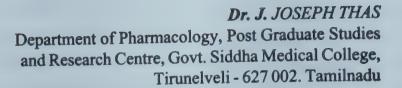
Then now do we say that our Siddha system survived over several centuries under mined by so much of culture pollution? This is the unique status of Tamil civilization. Siddhars from the age of Tirumoolar emphasized the philosophy believed this survival - Saiva Siddhantha - disowning the rituals but adherent to philosophy. Many drug formulations, methods of preparation, their use, indication, centra indication, toxicity, drug and diet therapy are well defined. Yoga is really the strong foundation of our system.

Time has come to merge this system in the Modern main stream, understanding importance of chemical structure of ever creation of God and utilizing our basic Siddhanthic philosophy.

We should realize that the burning issue is to explain the rationality of Siddha medicine in modern language. We have to explain the two important nodal points of science 'Why and How'.

Let us open our doors and see what is happening outside. Invite others to see what you have achieved.

RATTA PITTA NOI AND LEPTOSPIROSIS





Introduction

In modern allopathic medicine, a disease is called by a specific name. For instance, typhoid fever denotes a condition of fever caused by bacillus *Salmonilla typhi* and its variants. It is difficult to equate typhoid fever with any one of the several types of fever explained in Indian Medicine. In Indian Medicine, it is also not essential to give a proper name to a condition. The condition can be named on the basis of *Tridosa* and the *Dhatus* affected. Yet, there are a few conditions in Indian Medicine which equate well with that of a particular disease of syndrome explained in modern medicine. *Ratta Pitta Noi* is one of them.

Ratta Pittam

Ratta Pittam is explained as one among the 40 Pitta diseases in Siddha medicine. This condition is given great importance in both Siddha and Ayurvedic systems of medicine. The importance of the disease can be inferred from the fact, that materia medicas of both these systems are replete with several drugs said to be useful in the treatment of this condition. Further, a text book on Siddha Medicine devotes a complete chapter to ratta pittal noi.

Siddha authors define ratta pitta noi as a bleeding disorder. Ayurvedic authors also call it a disease, characterised by bleeding from all parts of the body. From modern allopathic point of view, some try to equate ratta pittam with hypertension. Some others equate it with purpura. These equations seem to be incorrect. An attempt is made in this article to bring out the resembalance between ratta pitta noi of Siddha Medicine and leptospirosis as explained in modern medicine. Both these conditions are similar in several respects, and seem to represent one and the same disease.

Rattapitta Noi

Clinical Features

The clinical features of *ratta pitta noi* are given lucidly in Uki Vaidya Cinthamani and Danvantri Vaidyam.

உண்மையாய் *யிருமற்றான்* மிகவு முண்டா யுதட்டியாய்க் *குத்தியே ரத்தம் வீழ்ந்து* அண்மையாய்ச் சாரீரமது மிகவும் வற்றி அடிவயிறு சுருங்கியே வற்றிக் காணும் வண்மையாய் *வாய் நீரிற் கவுச்சடிக்கு* மருகியே வல்லுடம்பு வாட்டமாகும் இண்மையாய் *இடுப்புதான் குடைச்ச* லாகு மிரத்த பித்ததி யிற்கைதானே.

- Uki

As per Uki, the clinical features of *ratta pitta noi* include cough, expectoration, hemoptysis, foul odour in the mouth, emaciation and hip pain.

இரத்த பித்தக் குறிகள்

சலத்துவா ரத்தினாலே தருமலத் துவாரத்தாலே வலுத்த நீள் *மூக்கினாலே வறிவிழி வாயினாலே* பெலத்துவா *ரத்தினீர்* போற் *பெருகிடு* மிரத்த மென்னிற் சொலத்தகா விரத்தபித்த மிதுவெனச் சொல்லலாமே

- Danvantri

This means that *ratta pittam* consists of profuse bleeding through urethra, anus, nose, eyes, mouth and other organs.

இரத்த பித்தக் குறிகள்

வாய்ந்த தோர் *வார்த்தை தப்ப வசனிக்கு மரமே போல* வேய்ந்திடுஞ் சரீர *மன்ன மிறங்குவ தரிதேயாகும்* தோய்ந்திடும் *புத்தியீனந்* தோன்றிடுங் கண் தூங்காதே காந்திடு மிரத்த பித்த மிதுவெனக் கருதுவீரே

- Danvantri

Further according to Danvantri Vaidyam dysarthria, stiffness of the body, difficulty in eating, mental distur-

bance, loss of sleep and irritability are manifested in ratta pittam.

Fever is an important clinical feature of *Ratta* pittam. Hence it is explained in detail in Danvantri Vaidyam.

இரத்த பித்த சுரக் குறிகள்

உரத்திடுந் காத்தின் மேலேயூதயு மிகுந்து விம்மும் நெரித்திடக் குத்தி நோவாம் மேனியு நெலிவு காட்டும் இரத்தமா யிறங்கு நீரும் மலஞ்சிவந் திளந்து நாறும் சுரப்பிர தரத்தின் இரத்த பித்தத்தின் சுரங்கள் தானே

- Danvantri

From this, it is understood that in ratta pittam, fever is accompained by accumulation of sputum in the chest, chest pain, fatigue, haematuria and foul smelling bloody stool (melena).

இரத்த பித்த சுரக் குறிகள்

நெஞ்கமே லூடம் புளைந்து நீறிடும் *நிற*ஞ் சிலக்கும் பஞ்சென *முகமும் கண்ணும் பாண்டமு மஞ்சள் போலாம்* வஞ்சியே *இரத்தமாகி வாந்தியு மிளைப்பு* முண்டோ மஞ்சிடு மிரத்த பித்த சுரமென வறிகுவீரே.

- Danvantri

Aching pain in the chest and wholebody, hematuria, yellow discolouration (jaundice) of face eyes and body, hemoptysis including hematemesis and severe breathlessness are charestic of fever in *ratta pittam*.

From the above we may may summarise the clinical features of *ratta pittam* in the following way.

General Features

Profuse bleeding through all possible routes.

Fever.

Systemic Features

Respiratory system

Chest pain, sputum, hemoptysis

Cardiovascular System

Chestpain

Gastro Intestinal System

Hematemesis, bloody stool (melena) difficulty in eating, foul odour in the mouth and stool.

Jaundice yellow discolouration of the face, eyes and the whole body.

Genito Urinary System

Hamaturia

Central Nervous System

Mental disturbances, dysarthria, loss of sleep, and stiffness of the body. From this summary

it is understood, that in *ratta pitta noi*, almost all body systems are affected.

Leptospirosis

Leptospirosis is an infectious disease caused by Leptospira interrogans complex. The disease is characterised by a broad spectrum of clinical manifestations including fever, chills, head ache, conjunctivitis and muscular pain. Jaundice, renal failure and hemorrhage are seen in Weil's disease.

Etiology

Leptoprises are spirochetes belonging to the order of spirochetales of family treponemataceae. The organism is a tightly coiled, thin, flexible with a bend at one end. Interrogans is the only species of the Leptopire.

Epidemiology

Leptospirosis is thought to be the most widespread zoonosis in the world.

Rodents especially rats are the most important reservior. Cattle, pig, goats, mice, dog etc. are some of the others mammalion hosts. The major vectors to man are rodents, Transmission occurs by direct contact with blood, tissue or urine of infected animals and exposure to environment contaminated by leptospires. Taking bath in a contaminated pool may result in infection.

Leptospires enter a host through abrasions in the skin or through intact mucus membrance including conjunctiva, vagina and nasopharynx. In tropics leptospirosis may account for 15% of fever of unknown origin with high incidence during rainy seasons. In Chennai like urban areas leptospirosis is not a rare condition even now.

In the year 2000, there was an outbreak of leptospirosis in the coastal villages of Kanyakumari District of Tamilnadu. Several lives were lost in that epidemic.

Pathogenesis

After gaining entry, leptospires spread through the blood stream to all organs. Multisystem involvement results from bacterial invasion and toxic reaction.

Pathology

Leptospires cause primarily vascular changes. Cytotoxic injury to vascular endothelium causes hemorrhages.

Clinical Manifestations

The signs and symptoms of leptospirosis which are also found in *ratta pitta noi* are given in italics for better appreciation of the similarities between these two conditions.

General features

The incubation period varies from 7 to 12 days. In

general, the cases follow a biphasic course.

Septicaemic or First Phase

This is also called Leptospiraemic phase. Abrupt onset of *fever* with chillis, *myalgia*, head ache, abdominal pain, skin rash, vomiting and *conjunctival injection* are characteristic.

Renal involvement with protinurea *hematuria* and frank renal failure may be present.

Other symptoms include, *diarrhea*, arthralgia, *cough*, sore throat, bone pain, slpenomegaly, lymphadenopathy and hepatomegaly.

Headache is usually intense and its persistance may indicate *meningitis*. Occassionally, *mental disturbances including delirium*, hallucination, and psychotic behaviours may be observed. Cardiac arrhythmias are not uncommon.

Myalgia is one of the hall marks of leptospiral infection. Calf, abdominal, thigh and hip muscles pain are often intense.

Conjunctival suffusion, photophobia, occular pain and conjunctival hemorrhage are frequently seen.

Pulmonary involvement occurs frequently and is manifested by dry cough and hemoptysis.

Epistaxis like bleeing may occur in jaundiced cases.

Hypertension and congestive heart failure may be detected in severe cases.

Immune or Second Phase

This phase varies from 4 to 30 days. This period coincides with rise in circulating antibody titre.

Meningitus, uveitis, rash and secondary fever may occur.

Hepatic and reneal failure may be more severe.

Jaundice, cholestatic in type occurs without significant hepatocellular dysfunction.

Renal dysfunction, hemorrhagic complications and cardio vascular collopse occur more frequentely in patients with severe jaundice.

Specific Clinical Features

Depending on the association of certain clinical manifestations and severity of spirochtaemia, some names are given.

Weil's disease

Weil's disease in defined as a severe leptospirosis with jaundice accompained by renal failure, hemorrhages, anemia, disturbances in consciousness and continued fever.

Other named conditions of leptospirosis include hemorrhagic fever with renal syndrome, atypical pneumonia syndrome, aseptic meningoencephalitis, and myocarditis.

Prognosis

Even with best modern treatment, the morality rate in USA is said to be around 16%. Death is usually due to hemorrhage. Mortality is high in elderly patients and in those with severe jaundice, thrombocytopenia, renal failure and respiratory failure. In India mortality rate may even be still high.

Conclusion

Leptospirosis, as explained in modern medicine, closely resembles, *ratta pitta noi* as explained in Siddha Medicine. From the definition of Weil's disease one can appreciate that the science and symptoms found in this condition are also seen in *ratta pitta noi*. Hence, equating *ratta pitta noi* with leptospirosis may not be illogical. Clinical features of these two conditions when critically analysed, symptomwise as well as systemwise has invariably revealed this fact.

This finding can be successfully applied to clinical use immediately. Several simple remedies are given in Siddha medicine for successfully treating ratta pitta noi. For instance, Adathodai, botanically known as Adathoda vasica is named as ratta pitta poondu in Siddha. From this it is inferred that Adathodai is a specific remedy for ratta pitta noi. Vazhai, the common banana tree botanically Musa paradisica is known in Siddha as ratta pitta nasini meaning that it is an antidote to ratta pitta noi. The Siddha Materia Medica is replete with a lot of drugs said to cure ratta pitta noi. This would reveal that ratta pitta noi was once a very common disorder in India. That is why more than hundred remedies are mentioned in various literature to treat ratta pitta noi. As ratta pitta noi is leptospirosis it is firmly believed that this dreaded disease can be easily treated with Siddha and Ayurvedic drugs.

Reference

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Venkatarajan, S. (Ed.) Danvantri Vaidyam, Saraswathi Mahal Library, Thanjavur, 1991.

Note:

This paper was presented in a previous Conference in 2000.

Programme of the Conference

Saturday, 24th February, 2001

9.30	am	to	10.00	am	Registration
10.00	am	to	11.30	am	Inaugural function
11.30	am	to	12.00	noon	Tea
12.00	noon	to	1.00	pm	Scientific session I
1.00	pm	to	2.00	pm	Lunch
2.00	pm	to	3.30	pm	Scientific sessions II & III
3.30	pm	to	4.00	pm	Tea
4.00	pm	to	5.30	pm	Scientific sessions IV & V

Sunday, 25th February, 2001

9.30	am	to	11.00	am	Scientific session VI
11.00	am	to	11.30	am	Tea
11.30	am	to	1.00	pm	Scientific sessions VII, VIII & IX
1.00	pm	to	2.00	pm	Lunch
2.00	pm	to	3.30	pm	Scientific sessions X, XI & XII
3.30	pm	to	4.00	pm	Tea
4.00	pm	to	5.00	pm	Valedictory function

Our sincere gratitude to

- 1. S.K.M. Health and Mind Welfare Charity Trust, Erode
- 2. Prabhat Herbal Research Centre, Nagercoil
- 3. The President, Sterlite Copper, Thoothukudi
- 4. Pattanam Vaidyar, Kottar, Nagercoil.
- 6. Varuni Herbals, Tirunelveli.
- 7. Rtn. Thiru. P. Selvaraj Roche (ACA Funds) Tirunelveli
- 8. Dr. N. Thangamony SMP, Usha Nish Hospital, Nagercoil

PROGRAMME

Venue: Loyola Hall, St. Xavier's College, Palayamkottai

Date :24 & 25 February 2001

9.30 am to 10.00 am

Registration

10.00 am to 11.30 am

Inaugural Function

in the august presence of

Thiru K. Lakshmikanthan Barathi, I.A.S. (Retd.),
Former Special Secretary to the Hon. Chief Minister of Tamilnadu
and

Dr. N.S. Chandra Bose, MBBS, FCGP,
Former National President, Indian Medical Association

Invocation

Lighting of kuthuvilakku

Dr. J. Joseph Thas, B.Sc., MBBS, M.Sc. Ph.D., D.Sc., President, Friends of Siddha Medicine

Thiru. K. Dhanavel, I.A.S., District Collector, Tirunelveli

Thiru. **P. Rama Mohan Rao,** I.A.S., Commissioner and Director,

Indian Medicine and Homeopathy, Chennai

Tmt. Qudsia Gandhi, I.A.S.,

Commissioner, Agricultural Income Tax, Chennai,

Thiru. S. Mohamed Kothar Mohideen, M.L.A. Thiru. A.L. Subraminan, B.Sc., B.L., M.L.A.

Rev. Fr. S. Albert Muthumalai, S.J., Rector, St. Xaiver's College, Palayamkottai Dr. Tmt. V. Subbulakshmi, M.D.Siddha,

Principal, Govt. Siddha Medical College, Palayamkottai

Thiru. S. Cletus Babu, M.A., L.L.B., Director, SCAD group, Tirunelveli

welcomes,

presides,

inaugurates,

delivers keynote address and honours

felicitate

thanks

Emcee **Rev. Fr. Jayapathy**, SJ Director, FRRC, St. Xavier's College, Palayamkottai

Honoured with pride are:

SIDDHA MARUTHUVA KAAVALAR

Thiru K. Lakshmikanthan Barathi, I.A.S. (Retd.)

SIDDHA MARUTHUVA CHEMMAL

Dr. R. Thiagarajan, L.I.M., Chennai

Dr. Pon. Gurusironmani, B.A., G.C.I.M., Palayamkottai

Dr. J.R. Krishnamoorthy, G.C.I.M., Chennai

Dr. A. Anandakumar, G.C.I.M., Chennai

Dr. R. Kannan, B.I.M., Tiruchi

Dr. M. Sivasubram Pillai @ MSS Aasaan, R.I.M.P., Nagercoil

Dr. M. Jeynool Aptheen, R.I.M.P., Nagercoil

Dr. M. Fasiudeen Ahamed, M.D. Siddha, Chennai

DETAILS OF SCIENTIFIC SESSIONS

Saturday, 24th February, 2001

SESSION I

Time: 12.00 noon to 1.00 pm

Venue: Loyola Hall

Chairman: Dr. M. Fasiudeen Ahamed

Co-chairman: Dr. M. Thinakaran

Special Lectures

1. Siddha Medicine - Its Role in Today's Medical Science

Dr. J.R. Krishnamurthy, Chennai

2. Some of the Clinical challanges to a Siddha Practitioner

- Dr. J. Joseph Thas, Tirunelveli

3. Medicinal Plants

- Dr. R. Kannan, Trichy

4. குழந்தை மருத்துவம்

- டாக்டர் எம். ஜெய்னுல் ஆப்தீன், (பட்டணம் வைத்தியர்) நாகர்கோவில்

SESSION II

Time: 2.00 pm to 3.30 pm

Venue: Loyola Hall

Chairman: Dr. J.R. Krishnamoorthy

Co-chairman: Dr. B.S. Sambath Kumar

LITERARY

1. எளிய முறையில் மருந்து எண்ணெய்கள் தயாரித்தல் *பாலகப்பிரமணியன் பழ.*

திருநெல்வேலி

2. மூக்கு நீர்பாய்ச்சலும் உளவியலும் *கோவிந்தராஜ் ச.*

புதுக்கோட்டை

3. Contraceptive herbs in Siddha System of Medicine

Aravind D.

Chennai

4. மருத்துவத்தில் காந்தம் *ரஹ்மத்துல்லா எஸ்.எம்.கே.*

GARLICENT OF

5. A literary review of Thiripala Chooranam Shanthi S., Sankareswari V., and Joseph Thas J.

Tirunelveli

6. குழந்தை மருத்துவத்தில் உரை மாத்திரைகள் *தமிழ்க்களி பா*, அன்னலெட்சுமி கோ., *மற்றும்* ஜோசப் தாஸ் ஜே.

திருநெல்வேலி

7. பாலசஞ்சீவி மாத்திரை - ஓர் இலக்கிய ஆய்வு *லஷ்மி வா*, கவிதா பெ., *மற்றும்* ஜோசப் தாஸ் ஜே.

திருநெல்வேலி

8. சூரியா வர்த்தம் சந்திரா வர்த்தம் ஒரு விளக்கம் தேவை *வேல்விழி எஸ்*டி *மற்றும்* ஜோசப் தாஸ் ஜே.

திருநெல்வேலி

9. மூலநூலின் பார்வையில் கௌரிசிந்தாமணி செந்தூரம் *சரவணன் க.*

திருநெல்வேலி

10. Scientific analysis of general principles of Siddha System *Thangapandian P*.

Tirunelveli

11. Will India loose it's traditional heritage? *Tumane H.H.*

Mumbai, Maharastra.

12. Mental health care and traditional systems of medicine

Menaka Subashini G.

Tirunelveli

SESSION III

Time : 2.00 pm to 3.30 pm

Venue: Hall II

Chairman: Dr. A. John De Britto

Co-chairman: Dr. H.H. Tumani

PHARMACOGNOSY

13. Comparative pharmacognostic studies on the roots of genuine and commercial samples of *Baliospermum montanum* Muell. Venkataraman R. and Gopalakrishnan S.

Tirunelveli

14. Pharmacognostical studies on Coldenia procumbens Linn. (Boraginaceae) Gopal V., Elangovan S. and Loganathan

Pondicherry

15. Pharmacognostic protocol for *Breynia retusa* (Euphorbiaceae), an important ISM, Drug

Nalini Mabel G.D., John De Britto A., Jeyaraman P., Saraswathy A. and Brindha P.

Tirunelveli

16. Comparative pharmacognosy of the leaves of genuine and commercial samples of Cardiospermum halicacabum Linn. - A Siddha medicinal plant. Syed Ismail T.

Tirunelveli

17. Pharmacognostical and preliminary phytochemical studies on two medicinal plants viz. *Phyllanthus emblica* L. and *Phyllanthus reticulatus* Poir. *Muthulakshmi S. and* Indra Pon Jayanthi J.

Courtallam

18. Pharmacognostical evaluation of the root of *Dalbergia spinosa* Roxb. from South India.

Sehthamarai R., *Jaiganaesh K.P. and* Ruckmani K.

Tiruchirapalli

19. Comparative studies on pharmacognosy and palanology of Lagasca mollis Cav. and Tridax procumbens L. (Asteraccae)

Suseela L., Saraswathy A., Brindha P., and Jayaraman P.

Chennai

20. Pharmacognostical studies on Manalikeerai - Gisekia pharnaceoides L. Molluginaceae.

Shantha T.R., Vasantha Kumar K.G., Saraswathy Pasupathy and Bikshapathi T.

Bangalore

21. Micromorphological features in resolving the taxonomic controversies of *Datura* - Complex *Krishnan V*.

Chennai

22. Morphology of four herbaceous species of Cassia Annie Sornathai and Chelladurai V.

Tirunelveli

23. Botanical identification of certain Siddha medicinal plants Padma Sorna Subramanian M., Chelladurai V. and Subbulakshmi V.

Tirunelveli

SESSION IV

Time: 4 pm to 5.30 pm

Venue: Loyola Hall

Chairman: Fr. Jayapathy SJ

Co-chairman: Dr. M. Jegadeesan

ETHNOMEDICINE

24.	Medicinal plants used by Valaiyans Ganesan S., Rajkumar M. and Kesavan L.	Madurai
25.	Folk veterinary medicinal plants used by Gonds of Karimnagar District, Andhra Pradesh, India Nagesh Kesari and Kardam T.S.	Warangal
26.	காணிக்காரப் பழங்குடியினரின் நாட்டுப்புற மருத்துவம் சிதம்பரநாதன் வே.	தஞ்சாவூர்
27.	மதுரை ஞாயிறு மூலிகைச் சந்தை – ஒரு பார்வை <i>சங்கரேஸ்வரி வே,</i> சாந்தி சு., பத்ம சொர்ண சுப்ரமணியன் மு. <i>மற்றும்</i> செல்லத்துரை வே.	திருநெல்வேலி
28.	Herbal medicinal plants used by paliyars in gastro intestinal disorders Muthukumaraswamy S., Mohan V.R., Kumaresan S. and Chelladurai V.	Srivaikundam
29.	Preparation and evaluation of herbal hair oil Narendra Kumar B., Rama Krishna, Rao.K.N.V. and Venkata Rao R.	Chennai
30.	A Siddha herbal hair dye Kavitha P. and Lakshmi V.	Tirunelveli
31.	கால் நகச் சொத்தைக்கு ஓர் எளிய மருந்து சித்ரா எஸ்.	தி ருநெல்வேலி
32.	மயிர் புழுவெட்டை நீக்கும் ஓர் எளிய மருந்து சித்ரா எஸ்.	திருநெல்வே லி
33.	ஈரோடு வட்டார வழக்கில் சில கை மருத்துவ முறைகள் ககந்தி செ.	திருநெல்வேலி
34.	Tribal food plants of Srivilliputhur Paliyar Arinathan V., Mohan V.R., John De Britto A. and Chelladurai V.	Tuticorin
35.	Glimpses of folk medicines of Rachanamdu forest Bangalore District Vijayalakshmi B., Sridhar B.N., Shantha T.R. and Bikshapathi T.	Bangalore
36.	தெற்றி பூ தைலம் <i>அன்னலெட்கமி கோ., மற்றும்</i> செல்லத்துரை வே.	திருநெல்வேலி
37.	பட்டணம் வைத்தியரின் குழந்தைகளுக்கான சிறப்பு மருந்துகள் <i>திருத்தணி எம்</i> , <i>மற்றும்</i> ஜெய்னுல் ஆப்தீன்	திருநெல்வே வி
38	Ocimum basilicum in Italian tradition Maria Pia Macchi	Shencottah
39.	A sharing on Bach flower therapy: An extract Britto Vincent SJ	Tirunelveli

SESSION V

Time: 4.00 pm to 5.30 pm

Chairman: Dr. S. Usman Ali Co-chairman: Dr. V. Gopal

PHARMACOGNOSY, PHARMACOLOGY, CHEMISTRY AND MISCELLANEOUS

40. Pharmacognostical and pharmacological investigations on leaves of Solanum trilobatium Linn.

Chandrasekaran K., Sangeetha M., Stephen Ambrose, Rajan Mathew J., Dwarakanath R.S. and Rajasekar S.

Tiruchengode

41. Pharmacognostical, preliminary phytochemical, antimicrobial activity of

Heliotropium indicum Linn.

Nagavenkateswara Rao K., Vanitha R., Mandakini D., Shanmuganathan S., Jayaraman and Raju A.V.S.

Chennai

42. Pharmacognostical, phytochemical and pharmacological studies
on Citrullus colocynthis Schrad

Muthuvel A. and Janarthanan L., Krishnan P., Suthar Singh R. and Uvarani M.

Dharmapuri

43. Preliminary phyto-chemical screening of *Hemidesmus indicus* (L.) R.Br.Var. indicus and *Hemidesmus indicus* (L.) R.Br.Var. Pubescens (Wight & Arn). Hook f. *Anoop Austin and* Jegadeesan M.

Thanjavur

44. Purification of "Lingam" (Red Sulphide of Mercury) - The Chemistry behind Sathiya Rajeswaran P., Mohandoss N. and Umaiyorubhagan V.

Nagercoil

45. சித்த மருத்துவ ஆய்வில் - அருகன்புல் தைலம் கண*பதி வே.*

கன்னியாகுமரி

46. Export of crude drugs from Tuticorin Port Mathan Sankar P.S.S.J.

Tuticorin

47. Maximization of leaf production in senna under dryland condition Arumugam T., Doraipandian A., Premalakshmi V, Vijayakumar M. and Mohana Lakshmi M.

Coimbatore

48. Seasonal influence on survival percentage of explants through in vitro in Gymnema sylvestre
Surya Narmada T., Vijayakumar M., and Jawaharlal M.

Coimbatore

49. Studies on stomatal density on some accessions of Gymnema (Gymnema sylvestre) Beaulah A., Vadivel E. and Rajadurai K.R.

Coimbatore

50. Investigation on certain aspects of yield and yield attributes in Glory Lilly (Gloriosa Superba L)

Rajadurai K.R. Vadivel E. and Beaulah

Coimbatore

51. Variability studies in Tippili (Piper longum Linn.)
Rajamani K. and Azhakiamanavalan

Chennai

52. Medically important edible fungus improvement using Fusion Technology Jayakumar N., Ranjeth Singh. and Rajasekarapandian

Velur

Sunday, 25th February, 2001

SESSION VI

Time: 9.30 am to 11.00 am

Venue: Loyola Hall

Chairman: Dr. S. Gopalakrishnan

Co-chairman: Dr. V. Ravi Shankar

Special Lectures

1. Herbal drugs in modern medicine

Dr. K.U. Abdul Hameed, Madurai

2. Occurance and distribution of Siddha Medicinal Plants in Tamilnadu

Dr. V. Chelladurai, Tirunelveli

3. Developing methods for standardization of Siddha Formulations

Dr. N.S. Jeganathan, Annamalai Nagar

4. Siddha practice

Dr. M. Fasiudeen Ahamed

SESSION VII

Time: 11.30 am to 1.00 pm

Venue: Loyola Hall

Chairman: Dr. S. Pandi Perumal

Co-chairman: Dr. S. Murugesan

CLINICAL

53. Effect of *Dianex* an Ayurvedic herbal formulation in Non-Insulin Dependent Diabetes Mellitus patients

*Emerson Solomon F., Sivaraman G.K. and Suresh A.

Chennai

54. Clinical trial of *Vinca rosea* in the treatment of non-specific chronic external ulcers. *Saroja P.R.*, Thirunavukarasu S., *and Jeyakaran D.S.*

Chennai

55. விஷகடியால் வரும் தோல் நோய்களுக்கு ஒரு எளிய அனுபவ மருந்து Kamalam R.

Tirunelveli

56. Diet therapy - a natural way of managing arthritis Rajalakshmi S., Thirunavukkarasu S. and Jayakaran D.S.

Chennai

57. எய்ட்ஸ் என்னும் மேகநோய் (தேய்வு நோய்) அனுபவ ஆய்வு அறிக்கை *பூபதிராஜா எஸ்*, *மற்றும்* பாலகப்ரமணியம் டி.

FFGJII(h)

58. Clinical studies on the effect of Abraga (mica) chendooram in the treatment of Diabetes Mellitus (Neerazhivu)

Ravishankar V.

New Delhi

59. A clinical evaluation of the anti-tussive and anti-asthmatic effects of a Siddha combination drug.

Selva Shunmugam P.

Tirunelveli

60. Practical use of Kattucheeraga chooranam for deworming children Amirtha Raj D. and Suresh Kanna G.

Tirunelveli

61. Yoga for HIV/AIDS Patients Ramaswamy R.S.

Tirunelveli

62. Effect of Jalamanjari on Asmaree Shreeja T.S.

Thiruvananthapuram

SESSION VIII

Time: 11.30 am to 1.00 pm

Chairman: Dr. S. Thirumalai Kolundu Co-chairman: Dr. Kalavathy Kamalakar Rao

PHARMACOLOGY

63. Studies on the effect of Cauvery - 100, an Ayurvedic formulation on the nutrient uptake in the rat intestine Subramanian S. and Govindasamy S.

Chennai

64. Hepatoprotective activity of Solanum trilobatum at the cellular constitutents level on experimentally induced toxicity in rats

Yaamini Sudha Lakshmi and Parimala S.

Chennai

65. Cardioprotective effect of *Arogh* a polyherbal formulation on marker enzymes and lipid peroxides

Suchalatha S., Thirugnanasambandham P., Mayierswaran, Shyamala Devi C.S.

Chennai

66. Preclinical toxicity studies of *Dianex* and *Vistamin* on mice *Emerson Solomon F. and* Uma Devi P.

Chennai

67. Toxic effects of crude root extracts of *Plumbago rosea* on mice and rats *Emerson Solomon F*.

Chennai

68. Modulatory effect of Solanum trilobatum, Linn. against lithium carbonate induced toxicity in Rats

Vijaimohan K. and Shyamala Devi C.S.

Chennai

69. Hepatoprotective effect of *Bacopa monnieri* on carbontetrachloride intoxicated rats *Vijayalakshmi M.*, Manonmani G., Govindasamy, Balakrishnan K. and Apparaanantham T.

Chennai

70. Preliminary screening for biological activity of an esoteric Siddha medicinal liquid *AMURI*Jai Prakash B., Sudha R. and Ida Christi V.E.

Bangalore

71. Aerva lanata and Vediuppu Chunnam in urinary stone risk in albino rats Balamurugan R.V. and Siddique Ali.

Chennai

72. Testicular toxicity induced by chronic endosulfan and cure with *Mucuna Pruriens* - a biochemical study *Senthil Kumar R.*, Sathyanarayanan G. and Jayaraj M.

Trichy

73. Pharmacological studies on *Trewia pohycarpa* roots *Chamundeeswari D.*, Vasantha J., Gopalakrishnan S. and Sukumar E.,

Chennai

74. Study of phytochemical constituents and some pharmacological activities of the stem part extracts of Azima tetracantha Linn.

Venkataraman S. and Aravanan P.

Chennai

75. Studies on Sirutekku, a controversial plant drug of Siddha medicine Narayanan N., Thirugnanasambatham P., Viswanathan S. and Sukumar E.

Chennai

SESSION IX (POSTER)

Time: 11.30 am to 1.00 pm Venue: Hall III Chairman: Dr. K. Natarajan Co-chairman: Dr. Nagesh Kesari LITERARY 76. சீதபித்தம் - ஓர் நோய் இயல் பார்வை *அன்னலெட்சுமி ஜி*, வேல்விழி எஸ்., *மற்றும்* ஜோசப் தாஸ் ஜே. திருநெல்வேலி 77. Siddha System of Medicine Krishnamurthi P.S.S. **Tuticorin** 78. Preliminary studies on a siddha kayakarpam preparation - Amuri Suganthee P., Jai Prakash B., and Sudha Madurai PHARMACOGNOSY 79. Pharmacognostical, phytochemical and pharmacological studies on Commiphora berryi (Arn.) Englr, bark. Chandrasekaran K., Sangeetha M., Stephen Ambrose, Rajan Mathew J., Dwarakanath R.S. and Rajasekar S. Tiruchengode 80. Pharmacognostic profile of *Chicory* leaves Chennai Sudharma K., Rao K.N.V., Shanmuganathan S., Bavithran V., and Anuradha Y.: **CULTIVATION OF MEDICINAL PLANTS** 81. Influence of nitrogen on biomass production in irrigated senna Arumugam T., Doraipandian A., Premalakshmi V., Aneesa Rani and Vijayakumar M. Coimbatore 82. Maximization of alkaloid yield in senna Arumugam T., Doraipandian A., Premalakshmi V., Vijayakumar M. and Aneesa Rani: Coimbatore 83. Estimation of Phenol and Crude Extract From Gymnema Sylvestre Surya Narmada T., Vijayakumar M., and Jawaharlal M. Coimbatore 84. Induction of in vitro rooting of Gymnema sylvestre Surya Narmada T., Vijayakumar M., and Jawaharlal M. Coimbatore 85. Hardening of in vitro produced plantlets of Gymnema sylvestre Surya Narmada T., Vijayakumar M., and Jawaharlal M. Coimbatore 86. Effect of various growth regulators on multiple shoot induction from different explants of Gymnema sylvestre Coimbatore Surya Narmada T., Vijayakumar M., and Jawaharlal M. 87. Effect of organic additives on multiple shoot induction in Gymnema sylvestre Surya Narmada T., Vijayakumar M., and Jawaharlal M. Coimbatore 88. Investigation on size of stomata in some accessions of Gymnema (Gymnema sylvestre) Coimbatore Beaulah A., Vadivel E. and Rajadurai K.R. 89. Studies on stomatal characters on some accessions of Gymnema (Gymnema sylvestre) Coimbatore Beaulah A., Vadivel E. and Rajadurai K.R. 90. Studies on stomatal size on some accessions of Gymnema (Gymnema sylvestre)

Beaulah A., Vadivel E. and Rajadurai K.R.

Coimbatore

SESSION X

Time: 2.00 pm to 3.30 pm

Chairman: Dr. S. Paramasivan Co-chairman: Dr. F. Emerson

CLINICAL

91. நீரழிவு நோய்க்கு சித்த பரிகாரம் ஓர் மருத்துவ ஆய்வு *கிருஷ்ணகுமார் எஸ்.டி*.

92. கன்னப்புற்று BUCCAL CANCER

Bhuvaneswari R. Kunnatthur

93. Antioxidant effect of LIV. 100 in chronic smokers

Chitra S., Suja V. and Shymala Devi C.S.

Chennai

94. The 3'D formula - the unique feature of Siddha

Kalavathy Kamalakar Rao and Jayakaran D.S.

Chennai

95. நாட்பட்ட நோய்களுக்கு சித்த மருத்துவம் செய்வதில் சில சிக்கல்கள் *விஜயபாஸ்கர் ஜி*.

96. Clinical trial of Avarai Kudineer and some Siddha drugs in the management of neerlzivu

Vanitha L. Coimbatore

97. Kungiliya Parpam a Siddha drug in diabetic ulcer

Joseph Thas J.

Tirunelveli

98. A Siddha combination in treatment of male infertility

Joseph Thas J.

Tirunelveli

SESSION XI

Time: 2 pm to 3.30 pm Venue: Hall II

Chairman: Dr. V. Chidambaranatha Pillai Co-chairman: Dr. T. Syed Ismail

PHARMACOLOGY AND MICROBIOLOGY

99. A pharamocological study on Siva Karanthai (Sphaeranthus amaranthoides Burm.f.)

Subash Chandaran G., Annakamu S. and Joseph Thas J.

Thirukurungudi.

100. Pharmacological studies on Sivanar Vembu, a reputed drug of Siddha medicine

Allirani Thiyagarajan and Venkataraman S.

Chennai

101. Effect of bark extract of Ficus religiosa L. on male mice

Vaithinathan M.S. and Krishnamoorthy P.

Pudukkottai

102. Anti - activity of Indian squill

Shiva Kameshwari M.N.

Mysore

103. Antibacterial activity of the medicinal plant *Thottea siliquosa* (Lam.) Ding Hou.

Maria Jainee M. and Louis Jesudass L.

Tirunelveli

104. In vitro studies on antibacterial activities of Coleus aromaticus Linn.

Jeyakumar N., Amirtha Gowri R. and Rajasekarapandian M.

Namakkal

105. Preparation and antibacterial screening of nutshell condensate of Cocus nucifera (Arecaceae) a Siddha medicine Venkateswara Rao K.N. Vanitha R., Mandakini D., Shanmuganathan S., Jayaraman A.N., Vasantha J. Chennai

106. The antibacterial effect of Garlic with Staphylococcus, Streptococcus, Diphtheria, Pseudomonas, E.Coli and Slamonella Sathyanarayanan G., Senthilkumar R. and Elekkuvan R.:

Trichy

107. Study of antinfungal effect of the root bark of Pongamia pinnata Linn. Hazeena Banu K.A. and Banumathi

Madurai

108. Detection of antibacterial activity of some flowers and spices Anbalagan S. and Anand R., Raja Sekar Pandian M. and John Prabakaran J.

Namakkal

109. Anti microbial activity of various extracts of Asparagus recemosus Pitchiah Kumar M., Subash Chandran G., Sujatha N. and Palaniappan R.,

Tirunelveli

110. Anti microbial activity of various extracts of Sphaeranthus indicus Justus antony S., Subash Chandran G., Sujatha N. and Palaniappan R.,

Tirunelveli

SESSION XII (POSTER)

Time: 4 pm to 5.30 pm

Venue: Hall II

Chairman: Dr. T. Arumugam

Co-chairman: Dr. M. Jawaharlal

PHARMACOLOGY

111 Toxicity studies of insri veece injection for treatment of AIDS/HIV Badmanaban R., Jai Prakash B., Moorthy P. and Pandian K.G.M.

Madurai

CLINICAL

112. A simple Siddha treatment for common warts Joseph Thas J.

Tirunelveli

113. Exorex-traditional Siddha preparation in treatment of anemia Prasanna D., Jai Prakash B., Moorthy P. and Pandian K.G.M.

Madurai

STANDARDIZATION

114. Scientific evaluation and standardisation methodology required for traditional Indian Medicine - physiochemical aspects. Devi P., Jai Prakash B., Mallikeswari and Bhagiyalakshmi P.

Madurai

115. Scientific evaluation and standardisation methodology required for traditional Indian Medicine - pharmacological aspects. Samuel Thavamani B., Jai Prakash B., and Mallikeswari

Madurai

CULTIVATION OF MEDICINAL PLANTS

116. Studies on the toxicity of extracts of Glory Lilly (Gloriosa superba L.) to root knot nematode (Meloidogyne incogenita) Rajadurai K.R., Vadivel E. and Beaulah A

Coimbatore

117. Studies on the toxicity of extracts of aloe (Aloe vera) to root knot nematode (Meloidogyne' incogenita)

Rajadurai K.R., Vadivel E. and Beaulah A.

Coimbatore

118. Studies on the toxicity of extracts of Mahagoni (Swietenia mahagoni) to root knot nematode (Meloidogyne incogenita)

Rajadurai K.R., Vadivel E. and Beaulah A.

Coimbatore

119. Studies on the toxicity of extracts of Clerodendron (Clerodendron inerme) to root knot nematode (Meloidogyne incogenita)

Rajadurai K.R., Vadivel E. and Beaulah A.

Coimbatore

120. Investigation on certain aspects of growth and development in Glory Lilly (Gloriosa superba L.)

Rajadurai K.R., Vadivel E. and Beaulah A.

Coimbatore

121. Performance Tippili (*Piper longum*) accessions at Shevroy hills *Rajamani K. and Azhakiamanavalan R.S.*

Chennai

122. Floral biology and pollination studies in Gloriosa superba Rajamani K.

Chennai

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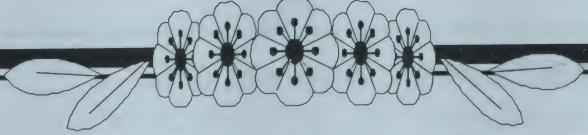


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லிட்டில் ஃபிளவர் இரத்தப்பரிசோதனை நிலையம் காளிமார்க் & செல்வி கல்யாண மண்டபம் எதிரில் ஜெயா மெடிக்கல்ஸ் அருகில், 32, திருவனந்தபுரம் ரோடு Dr. ஹசன் இப்ராகிம் பல் ஆஸ்பத்திரி வளாகம் முருகன் குறிச்சி





SESSION I

SPECIAL LECTURE

1. SOME OF THE CLINICAL CHALLANGES TO A SIDDHA PRACTITIONER

JOSEPH THAS J.: Dept. of Pharmacology, Post Graduate Centre, Govt. Siddha Medical College, Palayamkottai - 627 002, Tirunelveli, Tamilnadu.

Only a few cases of medical emergencies like snake bite come to the Siddha practitioner. But a number of people with a variety of chronic aliments seek medical help from Siddha doctors. From as simple as diarrhoea to complicated cancer and HIV/AIDS patients throng the clinics of successful practitioners of this traditional system. Of skin conditions psoriasis is now successfully treated by many Siddha practitioners. Dermatitis, fungal infections, alopecia, vitiligo are some of the other conditions. Pemphigus valgaris, prurigo nadularis are also treated.

Osteoarthrities, even rheumatoied arthristis can be treated with Siddha drugs. Infertility is another area where Siddha has immense promise.

Respiratory ailments, especially bronchial asthma often respond to simple drugs. Sinusitis, chronic ottis media, migrane, facial palsy and stroke victims benefit from Siddha. Paediatrics is another area where Siddha can do a lot.

SESSION II

LITERARY

1. எளிய முறையில் மருந்து எண்ணெய்கள் தயாரித்தல்

பாலகப்பிரமணியன் பழ.: பட்ட மேற்படிப்பு துறை நஞ்சு நூலும் மருத்துவ நீதி நூலும், அரசினர் சித்த மருத்துவ கல்லூரி, பாளையங்கோட்டை – 627 002, தமிழ்நாடு.

எளிதில் ஆவியாகக் கூடிய கரைப்பான்களை (Volatile solvent) கொண்டு எளிய முறையில் மருந்து எண்ணெய்கள் தயாரித்து அதன் மூலம் நேரம், எரிபொருள் வேலைபளு இவற்றை மிச்சப்படுத்தலாம்.

இதன் செய்முறை விளக்கம். முறையின் சிறப்பு அம்சங்கள் எடுத்துக் காட்டுகளுடன் விவரிக்கப்படும்.

2. மூக்கு நீர்பாய்ச்சலும் உளவியலும்

கோவிந்தராஜ் ச.: ஆரம்ப சுகாதார நிலையம், ஆதனக் கோட்டை, புதுக்கோட்டை மாவட்டம், தமிழ்நாடு

அறிவர்களாகிய சித்தர்கள் நோய் என்பதனை உடலும் உள்ளமும் சேரப் பாதிக்கப்படுவது என்று அருளிச் செய்துள்ளனர்.

> மறுப்பது உடல் நோய் மருந்தெனலாகும் மறுப்பது உளநோய் மருந்தெனலாகும் மறுப்பது இனிநோய் வாராதிருக்க மறுப்பது சாவை மருந்தெனலாகும்

> > - திருமந்திரம்

மேலும், நோய்களுக்கு முக்கிய காரணமான மனநலத்தை திருவள்ளுவரும்,

> காமம், வெகுளி, மயக்கம் இவை மூன்றன் நாமம் கெடக்கெடும் நோய்

> > - குறள் 360

மனநலம் மன்னுயிர்க் காக்கம் இனநலம் எல்லாப் புகழும் தரும்

- குறள் 457

இதனையோ சிலவாக்கியரும்,

மனமது செம்மையானால் மந்திரம் செபிக்க வேண்டாம் மனமது செம்மையானால் வாசியை உயர்த்த வேண்டாம்

என்று கூறினார். எனவே மனமே நோய் கூட்டங்களுக்கு முதல் காரணம் என்பது அறியமுடிகிறது. இவ்வாய்வு கட்டுரையில் கூறப்பட்டிருக்கும் மூக்கு நீர்பாய்ச்சலுக்கு மனநலமும் ஓர் முக்கிய காரணம் என்பது தெரியவருகிறது.

3. CONTRACEPTIVE HERBS IN SIDDHA SYSTEM OF MEDICINE

ARAVIND D.: Govt. Siddha Medical College, Chennai - 600 106, Tamilnadu.

Siddha system of Medicine has diversified fields which gives a burning interest to medical scholars. The Siddha medicinal herbs are used for several ailments from time immemorial. Even though Siddha system is considered to be an empirical one by some modern doctors, it comprises astounding facts that cannot be revealed by modern science. In yester years, marrired women never used vaginal pessaries, oral contraceptive pills or Intra Uterine Contraceptive Devices (IUCD). Tubectomy, Laparotomy and Vasectomy were not prevalent centuries ago. Moreover family planning methods with IUCD have several complications. The oral contraceptive pills may lead to adverse effects like cancer. To avoid those side effects we can adopt the traditional Siddha Herbs like Butea monosperma, Piper nigrum,

Piper betel, Artabotrys, etc as birth control measures. The usage of these herbs in contraception are to be discussed elaborately in this paper.

4. மருத்துவத்தில் காந்தம்

ரஹ்மத்துல்லா எஸ்.எம்.கே. : 139, மேற்கு பஜார், செங்கோட்டை - 627 809, தமிழ்நாடு.

காந்தம் பௌதீகத் துறையில் மட்டும் சிறந்து விளங்குவதோடு மட்டுமில்லாமல் வைத்தியத் துறையிலும் மிகச் சிறந்து விளங்குகிறது. உடலின் பல்வேறு வியாதிகளுக்கும் காந்தம் மூலமாக சிகிச்சை பயன்பெறும் வகையில் பக்க விளைவுகளில்லாத வகையில் செய்யப் படுகிறது. காந்த சிகிச்சை அமெரிக்கா, ஜப்பான், பிரான்ஸ் போன்ற நாடுகளில் மிகச் சிறந்து விளங்குகிறது.

காந்தத்தின் வடதுருவத்திற்கு நோய் எதிர்ப்பு சக்தி இருக்கிறது. காந்தத்தின் தென் துருவத்திற்கு சக்தி கொடுக்கும் ஆற்றல் இருக்கிறது. அதனால்தான் வைரஸ், பாக்டிரியா மூலமாக பரவும் தொற்று வியாதிகளை குணப்படுத்தவும் வராமல் தடுக்கவும் காந்தத்தின் வடதுருவம் பயன்படுத்தப்படுகிறது. உடம்பின் வலிகளை போக்கவும், சதை, எலும்பு, நரம்பு ஆகியவைகளின் விரைப்புத்தன்மை அகற்றி தன்னிலை பெறவும், எலும்பு மூட்டுகளின் இணைப்புகளில் ஏற்படும் வலிகளையும், பலவீனங்களையும் அகற்றவும் காந்தத்தின் தென் துருவம் பயன்படுத்தப்படுகிறது. காந்தத்தின் மருத்துவப் பயன்கள் விளக்கப்படும்.

5. A LITERARY REVIEW OF THIRIPALA CHOORANAM

SHANTHI S., SANKARESWARI V., and JOSEPH THAS J.: Post-Graduate Centre, Govt. Siddha Medical College, Palayamkottai - 627 002, Tirunelveli, Tamilnadu.

Thiripala Chooranam is an important Indian Medicine drug preparation used by Siddha and Ayurvedha doctors in their day today practise. It is considered as a Kaya Kalpa or Rasayana drug capable of preventing the aging process and its related signs and symptoms.

1. TERMINALIA CHEBULA, 2. TERMINALIA BELLERICA, 3. PHYLANTHUS EMBLICA are the constituents of Thiripala Chooranam.

A causal literary review, reveals that, under the name of *Thiripala chooranam* a variety of preparations with different indications and uses are mentioned. The commonly used *Thiripala chooranam* is prepared with equal parts of the three ingredients. An ayurvedic preparation mentiones.

T. Chebula Kadukkai 3 parts

T. Bellirica Nellikkai 12 parts

P. Emblica Thanrikkai 12 parts as forming Thiriapla chooranam.

Another literature mentions many ingredients in addition to *Kadukkai*, *Nellikkai* and *Thanrikkai* under the name of *Thirapala chooranam*.

As some of the above prepartions have different quantities and qualities of ingredients, it is important to critically analyse the subject. The details will be discussed.

6. குழந்தை மருத்துவத்தில் உரை மாத்திரைகள்

தமிழ்க்கனி பா., அன்னலெட்சுமி கோ., மற்றும் ஜோசப் தாஸ் ஜே..: அரசு சித்த மருத்துவக் கல்லூரி, பாளையங் கோட்டை– 627 002, திருநெல்வேலி, தமிழ்நாடு.

குழந்தைகளை நீராட்டியவுடன் தாய்மார்கள் சில மருந்துகளை உரைத்து குழந்தைகளின் நாவில் தடவுதல் தொன்று தொட்டு வரும் ஒரு மருத்துவப் பழக்கமாக உள்ளது.

இவ் உரை மருந்துகள் நோய் வராமல் தடுக்கவும், வந்த நோய்களை போக்கவும் பயன்படுத்தப்படுகின்றன. சில வீடுகளில் வசம்பு, ஜாதிக்காய், மாசிக்காய் போன்றவற்றை தனித்தனியே தாய்ப்பாலிலோ அல்லது வெந்நீரிலோ உரைத்து குழந்தைகளுக்கு கொடுப்பது வழக்கம்.

குழந்தை மருத்துவத்தில் கை தேர்ந்த சில சித்த மருத்துவர்கள் இவற்றிற்கென சில சிறப்பான மாத்திரைகளை பயன்படுத்தக் கூறியுள்ளனர்.

குழந்தைகள் குளித்தவுடன் இவ்வாறு நாவில் தடவப் படும், மாத்திரைகள் உரை மாத்திரைகள் எனப்படுகின்றன.

இம்மாத்திரைகள் குறைந்தது 3 முதல் அதிகபட்சம் 39 வகையான சரக்குகள் சேர்ந்து செய்யப்படுவதாக தெரிகிறது.

குழந்தைகளின் அனைத்து நோய்களுக்கும் இது பயன்படும் என்று விளக்கப்பட்டுள்ளது. பல உரை மாத்திரை களின் செய்முறை பயன்பாடு ஆகியன விளக்கப்படும்.

7. பாலசஞ்சீவி மாத்திரை – ஓர் இலக்கிய ஆய்வு

லஷ்கி வா., கவிதா பெ., மற்றும் ஜோசப் தாஸ் ஜே., : அரசு சித்த மருத்துவக் கல்லூரி, பாளையங்கோட்டை - 627 002, திருநெல்வேலி, தமிழ்நாடு.

சித்த மருத்துவத்தில் பால சஞ்சீவி மாத்திரை என்பது குழந்தைகளுக்கு பயன்படும் ஓர் இன்றியமையாத மருந்து. பால சஞ்சீவி மாத்திரை தயாரிப்பு பல வகைகளாக வெவ்வேறு ஆசிரியர்களால் விளக்கப்பட்டுள்ளன. ஓவ்வொரு ஆசிரியரும் பாலசஞ்சீவி மாத்திரை செய்வதற்கு பயன்படுத்தும் மருந்துச் சரக்குகள், செய்முறைகள் மற்றும் அளவுகளை வெவ்வேறு விதமாகக் கூறுகின்றனர். எனவே எந்த ஆசிரியர் கூறும் பால சஞ்சீவி மாத்திரை இவற்றில் எல்லா குழந்தைகளுக்கும் ஏற்றது என்று நிர்ணயிக்க வேண்டி உள்ளது. இந்த முயற்சியில் ஈடுபடும் போது ஆசிரியர்கள் கூறும் பாலசஞ்சீவி மாத்திரைகளின் மருத்துவ பயன்கள் மற்றும் துணை மருந்துகள் வெவ்வேறாக இருப்பதும் தெரிய வருகிறது. ஆக பால சஞ்சீவி என்பது குறிப்பாக ஓர் மருந்தை குறிப்பதல்ல என்றும் அந்த மருந்து செய்முறை, அளவு, அனுபானம், தீரும் நோய்கள் போன்றவை ஆசிரியரைப் பொருத்து மாறுபடுகிறது என்றும் தெரிய வருகிறது. சித்த மருத்து மாறுபடுகிறது என்றும் தெரிய வருகிறது. சித்த மருத்துவர் அனைவரிடமும் இருக்க வேண்டிய இக்குழந்தை மருந்தில் அதிகம் பயன்தரும் பால சஞ்சீவி மாத்திரை எது என்று விளக்க முயற்சி மேற்கொள்ளப்படுகிறது.

8. சூரியா வர்த்தம் சந்திரா வர்த்தம் ஒரு விளக்கம் தேவை

வேல்விழி எஸ்., மற்றும் ஜோசப் தாஸ் ஜே.,: அரசு சித்த மருத்துவக் கல்லூரி, பாளையங்கோட்டை - 627 002, திருநெல்வேலி, தமிழ்நாடு.

சூரியா வர்த்தம், சந்திரா வர்த்தம் என்ற நோயியல் சொற்கள் தலைவலி வகைகளைக் குறிப்பதாக யூகி தெரிவித்துள்ளார்.

குரியா வர்த்தம் என்பது குரியன் உதயமாகும் போது தினந்தோறும் தலையின் இடப்பக்கம் அல்லது வலப்பக்கம் வலியுண்டாகி பொழுது சாய்ந்தவுடன் நீங்கிவிடும் என்று கூறப்படுகிறது. சந்திராவர்த்தம் என்பது வலப்பக்கம் அல்லது இடப்பக்கத்தில் தலைவலியானது அந்தி நேரத்தில் ஆரம்பமாகி நடு இரவு வரைக்கும் கடுமையாக வலியைக் கொடுத்து பின்பு விடியும் நேரத்தில் வலி குறைவுபடும் என்று கூறப்படுகிறது.

சந்திராவர்த்தத்தை படுஞாயிறு என்றும் சூரியா வர்த்தத்தை எழுஞாயிறு என்றும் கூறியுள்ளனர். அதாவது சூரியன் உதயமாகும் போதும் சந்திரன் எழும்போதும் வரும் தலைவலியைக் குறிக்கும்.

சில சித்த மருத்துவ நூற்கள் தலைவலிக்கு சற்றும் சம்மந்தம் இல்லாத நோய் வகைகளை படுஞாயிறு, எழுஞாயிறு என்ற சொற்களுக்கு விளக்கமாகத் தருகின்றன. அதன்படி எழுஞாயிறு என்பது கழுத்தின் வலப்பக்கத்தில் அல்லது நெஞ்சுக்கடியில் வீக்கம் உண்டாகி சீழ் பிடித்துக் கொள்ளும் கட்டி என்றும், படுஞாயிறு என்பது கழுத்தின் இடப்பக்கத்தில் அல்லது நெஞ்சுக்கடியில் வீக்கம் உண்டாகி சீழ் பிடித்துக் கொள்ளும் கட்டி என்றும் கூறப்பட்டுள்ளது.

இச்சொற்கள் கழுத்தைச் சுற்றிய கட்டிகளாக எடுத்துக் கொண்டு ஒரு சில மருந்து முறைகள் சொல்லப்பட்டுள்ளன. இச்சொற்கள் குறிப்பாக எந்த நோயை குறிக்கும் என்பதை சித்த மருத்துவ நோயியல் நிபுணர்கள் முடிவு செய்வது இன்றியமையாததாகும்.

9. மூலநூலின் பார்வையில் கௌரிசிந்தாமணி செந்தூரம்

சரவனன் க.: சிறப்பு மருத்துவம், பட்ட மேற்படிப்புத் துறை, அரசு சித்த மருத்துவக் கல்லூரி, பாளையங்கோட்டை - 627 002, திருநெல்வேலி, தமிழ்நாடு.

சித்த வைத்திய திரட்டு நூலில் கௌரிசிந்தாமணி செந்தூரம் மேகம் 21, சூலை 18, மூலம் 9 என நூற்றிற்கும் மேற்பட்ட நோய்களைத் தீர்க்கும் என கூறப்பட்டுள்ளது.

இன்றியமையாத இந்த செந்தூரம் செய்முறையில் சில ஐயப்பாடுகள் உள்ளன. இதற்கு ஆதரவாய் செந்தூரம் எனக் கூறப்பட்ட இம்மருந்து சிவந்து வராமல் கறுப்பாய் வருவதே காரணம் என்பதை எடுத்துக் கொள்ளலாம். ஆனால்

> 'செந்தூரம் பூலாம்பழம் போல் கறுத்தங் கப்பனேயிருக்கும்மதற் கையமில்லை'

என்று சித்த வைத்திய திரட்டு பாடலில் கூறப்பட்டுள்ள வரிகள் கறுப்பாய்தான் வரும் என்பதை உறுதிப்படுத்தும் விதமாய் உள்ளது.

இருந்தாலும் தஞ்சை தமிழ்ப் பல்கலைக்கழகத்தால் வெளியிடப்பட்ட இம்மருந்து இடம்பெறும் மூலநூலான அகத்தியர் வைத்தியகாவியம் 1500 எனும் ஏழு மூலசுவடி பிரதிகளை ஒப்பாய்வு செய்து எழுதப்பட்டுள்ள நூலில்

> 'அடங்கினதோர் சிந்தூரம் ஆலம் பழம் போற்கறுத்து அப்பனே இருக்கு மதற்கையமில்லை'

என்று வருவதன் மூலம் சித்தவைத்திய திரட்டில் கூறப்பட்ட பூலாம்பழம் போற்கறுத்து என்ற வரிக்கு முரணதாய் ஆலம்பழம்போல் கறுத்து என வருவதால் மூலநூலில் உள்ளதையே கருத்தில் கொள்ள வேண்டும். அதாவது ஆலம்பழம் போல் கறுத்து (கருஞ்சிவப்பாய்) வரவேண்டும் என்பதையே கருத்தில் கொள்ளலாம். அப்பொழுதுதான் செந்தூரம் என்ற வார்த்தையும் இம்மருந்திற்கு சரியாய் பொருந்தி வரும்.

மேலும் இதற்கு ஆதரவாய் சிகிச்சா ரத்தின தீபம் ஆசிரியர் கண்ணுசாமிபிள்ளை அவர்களும் மருந்து கருஞ்சிவப்பாயிருக்கும் என கூறுவதும் மேற்கண்ட கருத்திற்கு வலு சேர்க்கிறது.

எனவே முன்பு கூறப்பட்டது போல நூற்றிற்கும் மேற்பட்ட நோய்களை தீர்க்கும் வன்மையுள்ள கௌரி சிந்தாமணி செந்தூரம் கருஞ்சிவப்பு நிறத்தில் முடிக்கப்பட்ட மருந்தாகவே இருக்க வேண்டும் என்பது இக்கட்டுரையின் மூலம் நான் முன்மொழியும் கருத்தாகும்.

10. SCIENTIFIC ANALYSIS OF GENERAL PRIN-CIPLES OF SIDDHA SYSTEM

THANGAPANDIAN P.: Dept. of Toxicology and Forensic Medicine, Post Graduate Centre, Govt. Siddha Medical College, Palayamkottai - 627 002. Tirunelveli, Tamilnadu.

Principles of Siddha medicine like Tridosha, Panchabuta etc., appear abstract from the modern scientific angle. Yet, many authors have tried to give different explanations with the help of modern science.

There is a chance of explaining Vatha, Pitha, Kapha principles on the basis of role played by thyroid hormone in our body. Thus, a new way of looking at the basic principles of Siddha medicine is explained.

It will also help us to give accurate medical advises and to select best choice of drugs on the basis of Siddha principles.

11. WILL INDIA LOOSE IT'S TRADITIONAL HERITAGE?

TUMANE H.H.: Clinical Biochemistry Research Division, Central Research Institute, (CCARS Dept. of ISM, Ministry of Health & F.W. Govt. of India) Dr. A.B.Road, Mumbai - 400 018, Maharastra.

For thousands of years the common Karela (bitter gourd) has been valued by the people of India for it's incredible curative properties. However, the Karela along with Jamun, Brinjal and Gurmar become patented herb on May 4th, 1999 when patent was granted to Cromak Research Inc. New Jersey USA. The scientists have been granted the patent for their claim that they have developed a novel herbal drug for treatment of diabetes. The patent outrightly ignores the fact that these plants have been in use in India for thousands of year as a treatment for diabetes.

In other words such a patent clearly puts the control of the profits made from such beneficial drugs into the hands of American Companies thereby depriving Indian Companies the ability to market such drugs. What is significant however is that granting of such patents not only undermines India's traditional sciences but also harms India's plans to sell any newly discovered medicinal usages from such plants. Agreeing to the Western demand to bring in product patents instead of process patents would make India lose its right to almost. all Ayurveda and Siddha combinations to foerign players. The greatest danger that such an action could create is the potential for foreign groups to later claim that the Indian fomulations had some elements from products which were patented by them. What this means in simple terms is that India may have to end up PAYING to use the very same Ayurvedic/ Siddha ingredients which it has introduced to the World. The wisdom of the eternal Hindu Rishis who have gifted humanity with such timeless knowledge cannot be packaged, copyrighted or patented. It belongs to all of humanity. For India to lose its rights of ownership would be like loosing it's identity. Only Indians can ensure that such a disaster does not take place.

12. MENTAL HEALTH CARE AND TRADITIONAL SYSTEMS OF MEDICINE

MENAKA SUBASHINI G.: Department of Medicine, Post Graduate Centre, Govt. Siddha Medical College, Palayamkottai - 627 002, Tirunelveli, Tamilnadu.

One among the first contribution of Indian Medicine to Modern Medicine is Reserpine derived from Rauwolfia serpentina, the plant known for its usefulness in treating mental disorders in ancient India. Since this contribution no significant finding has been reported, from Indian Medicine regarding drugs useful in psychiatry.

Mental disorders are also not given much importance in day to day practice by Indian Medicine experts.

When we do a casual review of literatures of Siddha and Ayurveha, it is presumed that a lot can be derived from Indian medicine for the benefit of mentally ill patients.

SESSION III

PHARMACOGNOSY

13. COMPARATIVE PHARMACOGNOSTIC STUDIES ON THE ROOTS OF GENUINE AND COMMERCIAL SAMPLES OF *BALIOSPERMUM MONTANUM* MUELL.

VENKATARAMAN R. and GOPALAKRISHNANS.: Department of Chemistry, Manonmaniam Sundaranar University Abishekapatti, Tirunelveli - 627 012. Tamil Nadu, India

Euphorbiaceae) commonly known 'Nagadanti' in Tamil and 'Danti' in Sanskrit. The leaves and roots are used for curing various ailments. The root is useful in jaundice. The crushed leaves are given for stomach pain by tribes. Tribal people in Orissa use the root of B.montanum for curing jaundice. The ethanolic extract of the root showed in vivo activity in P-388 lympocytic leukemia. The genuine and local commercial samples of the root of B.montanum have been compared for the first time pharmacognostically in the present investigation. Fluorescence characters, ash values, extractive values of the genuine and commercial samples have

been determined and compared. Preliminary phytochemical analysis of the extracts of the root powders in various solvents have been performed. Thin layer and Paper chromatographic studies have been performed for the various extracts of the samples and Rf values have been measured in the best solvent system and compared. The findings will be discussed in detail.

14. PHARMACOGNOSTICAL STUDIES ON COLDENIA PROCUMBENS LINN. (BORAGINACEAE)

GOPAL V¹., ELANGOVAN S. and LOGANATHAN²: ¹Pharmacy Division, Mother Theresa Institute of Health Sciences, Pondicherry - 605 006. ²C.L. Baid Metha College of Pharmacy, Chennai, Tamil Nadu.

Preliminary ethnomedical survey conducted in and around Karapakkam region of Kancheepuram district revealed the wound healing claims of *Coldenia procumbens* Linn., (Boraginaceae). Literature survey indicated that less work has been carried out on this plant species and hence was selected for this study.

The plant was collected from Karapakkam region, taxonomical identity established and the pharmacognostical anatomy of the plant was studied.

Free hand as well as microtome sections of the fresh leaf, petiole, stem and root were taken and double stained, alcoholic saffranin (0.5%) counterstained with fast green (0.25%).

Quantitative microscopy studies viz. palisade ratio, stomatal number, stomatal index, vein islet number and veinlet termination number were carried out.

The fresh juice of the whole plant was screened for its antibacterial activity and showed good activity on *Escherichia coli*.

15. PHARMACOGNOSTIC PROTOCOL FOR BREYNIA RETUSA (EUPHORBIACEAE), AN IMPORTANT ISM, DRUG

NALINI MABEL G.D¹., JOHN DE BRITTO A²., JEYARAMAN P³., SARASWATHY A⁴. and BRINDHA P⁴.,: ¹Sarah Tucker College, Palayamkottai, Tirunelveli. ²St.Xavier's College, Palayamkottai, Tirunelveli. ³Plant Anatomy Research Centre (PARC), West Tambaram, Chennai. ⁴Captain Srinivasamurthy Drug Research Institute for Ayurveda, Arumbakkam, Chennai - 600 106, Tamil Nadu.

Breynia retusa of Euphorbiaceae is a permeating element of Western Ghats, which seems to possess high pharmaceutical potentials. A perusal of literature reveals that no information is available for the pharmacognostic, pharmaceutict, or pharmacological parameters of this drug.

The present study furnishes a comprehensive data for the anatomical features of the leaf, petiole, stem, root, wood and bark of *Breynia retusa*. Preliminary phytochemical information is also provided for the drug. The results of the investigation are to provide dependable diagnostic features of the vegetative organs for the proper standardization of the drug in fragmentary condition.

16. COMPARATIVE PHARMACOGNOSY OF THE LEAVES OF GENUINE AND COMMERCIAL SAMPLES OF CARDIOSPERMUM HALICACABUM LINN. - A SIDDHA MEDICINAL PLANT.

SYED ISMAIL T.: Department of Chemistry, Sadakathullah Appa College, Rahmath Nagar, Tirunelveli - 627 011. Tamil Nadu.

Cardiospermum halicacabum Linn. (Fam. Sapindaceae) is commonly known as "Mudakottan" in Tamil and "Karnasphotoa" in Sanskrit. Its anti-inflammatory, analgesic, vasodepressant, antispaosmodic, sedative and diuretic activities have been studied earlier. The alcoholic extract of its aerial parts is found to possess anti-arthiritic effects. The genuine and three commercial samples of the leaves of Cardiospermum halicacabum Linn. Collected from Tirunelveli, Tuticorin and Kanyakumari districts have been compared pharmacognostically in the present investigation. Microscopic characters of the leaves of C.halicacabum have been performed. Fluorescence characters, ash values, extractive values of the genuine and commercial samples in various solvent systems have been determined and compared. Preliminary phytochemical analysis of the extracts of the leaf powders in various solvents have been performed. Thin layer and paper chromatographic studies have been performed for the various extracts of both genuine and commercial samples and the Rf values have been measured in the best solvent system and compared. All these pharmacognostic findings reveal that the local commercial samples are almost pure and indicating that they are unadulterated. The findings will be discussed in detail.

17. PHARMACOGNOSTICAL AND PRELIMINARY PHYTOCHEMICAL STUDIES ON TWO MEDICINAL PLANTS VIZ. PHYLLANTHUS EMBLICA L. AND PHYLLANTHUS RETICULATHUS, POIR.

MUTHULAKSHMI S. and INDRA PON JAYANTHI J.: Department of Botany, Sri Parasakthi College for Women, Courtallam, Tamil Nadu.

Pharmacognostical and preliminary phytochemical studies have been performed on two medicinal plants

The fresh fruit of Phyllanthus emblica, L. is refrigerant, tonic, antiscorbutic, diuretic, laxative and used in many other conditions also. The dried fruit is a blood purifier and useful in diarrhoea, dysentry and haeomorrhage. The fruit is rich in Vitamin C. Phyllanthus reticulatus, Poir. is a shrub, usually climbing or straggling, distributed throughout tropical India. The leaves contain tannic acid in alcoholic extract. The juice of the leaves is used for diarrhoea in infants. The leaves are mixed with palmnuts and made into a broth which is given to newly delivered women to relieve pain. The stem is used to cure some eye diseases. The macroscopic and microscopic characters of the two species have been studied and it shows their distinctness. pharmacognositical studies will be useful to find out the adulteration if any. There has been considerable differences amon the species regarding the presence of saponins, steroids, sugars, phenolic compounds and amino acids.

18. PHARMACOGNOSTICAL EVALUATION OF THE ROOT OF *DALBERGIA SPINOSA* ROXB, FROM SOUTH INDIA.

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The family leguminosae is richly represented in India with an enormous biodiversity. Apart from the source of protein in our daily diet, legumes are also used for treating various ailments. The plant Dalbergia spinosa Roxb. is abundantly available in Thandavaroyan solangan pettai, (Mongroove forest) Chidambaram. This plant is used by local people for various disorders such as inflammation, pain, fever and tuberculosis. The present study is to investigate the pharmacognostic identity of the crude drug and to detect adulteration. This deals with pharmacognostic parameters such as morpho-anatomical characters, physicochemical parameters such as ash values, extractive values, histochemical reactions, moisture content, fluorescence analysis of root powder and various extracts of root of Dalbergia spinosa Roxb with different chemical reagents under UV and day light were studied. Preliminary phytochemical screening, Thin Layer Chromatography (TLC), were also carried out to standardize the crude drug.

19.COMPARATIVE STUDIES ON PHARMACOGNOSY AND PALANOLOGY OF *LAGASCA MOLLIS* CAV. AND *TRIDAX PROCUMBENS* L. (ASTERACCAE)

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Drug Research Institute for Ayurveda (CCRAS), Arumbakkam, Chennai - 106, Tamil Nadu. ³Plant Anatomy Research Centre, Chennai - 600 045, Tamil Nadu.

Asteraceae is one of the highly evolved family among gamopetalae. It is also the largest group with cosmopolitan distribution. In the recent years, many members of Asteraceae have been found to possess very high therapeutic values. Many wild weeds of the family seem to be promising sources of clinical compounds.

Lagasca mollis Cav. and Tridax procumbens L. are two weed taxa of Asteraceae. In a preliminary study of these two plants, they were found to possess effective antimicrobial properties. Since pharmacognosy is a prerequisite before a crude drug is aimed for pharmacological and pharmaceutical studies, a detailed histological investigation was carried out to propose anatomical protocol for diagnosing L.mollis and T. procumbens in fragmentary condition as well as in sterile form.

L. mollis is characterised by single bell shaped basal cell of the trichome, planoconvex petiolar transectional outline, ridged - furroured surface of the stem, prominently projecting midrib and prominent pith in the root.

T. procumbens has rosettle of cells at the trichome base, concavo-convex cross sectional outline of the petiole, mid-rib projecting only on the lower side, even cross sectional outline of the stem and absence of pith with root.

The pollengrains of the two species show striking similarities in the surface features of exine ornamentation and germ-pore features.

20. PHARMACOGNOSTICAL STUDIES ON MANALIKEERAI - GISEKIA PHARNACEOIDES L. MOLLUGINACEAE.

SHANTHA T.R., VASANTHA KUMAR K.G., SARASWATHY PASUPATHY and BIKSHAPATHI T.: Regional Research Institute (AY.) Jayanagar, Bangalore - 560 011.

In Siddha system of medicine the plant Gisekia pharnaceoides L. constitutes thedrug Manalikeerai/ Manailkeerai. It is used as pullukolli (Anthelmintic) kolaiagattari (Expectorant), malamellakkai (Aprient), vata kopam (Vataprakopa), paithyadosham (Pittadosha), marpushali (Phleum in the chest) and also useful in krimiroga (Vermifuge). Plant possess properties like Suvai (Rasa) - Tuvarpu, Pullipu, Sirukaippu, Tanmai (Veerya) - Veppam, Pirivu (Vipaka) - Karpu. It is also

used as an edible plant like greens. In Ayurvedic system of medicine the plant is known as *Elavaluks*/Sugandhi and is said to be acrid, pungent, alexiteric, krimshara (Anthelmintic) and used in the diseases like - twakroga (scabies), swasa (bronchitis), trusha (loss of appetite), hrudays roga (Heart troubles) kushtha (Leprosy & Leucoderma) and mutra rogas (Urinary diseases). Whole plant is a powerful anthelmintic in cases of taenia. Plant contains oxalic, succinic, tartaric, citric acids, triacontane, myrostone, tetracisanol & dotriacontane.

The present paper deals with macro, microscopical, histochemical tests, powder study and maceration of root, stem leaf and seed along with its physical constants, extractive values, U - V studies, test for organic and inorganic constitutents and thin layer chromatographic studies of whole plant of Gisekia pharnaceoides.

21. MICROMORPHOLOGICAL FEATURES IN RE-SOLVING THE TAXONOMIC CONTROVERSIES OF DATURA - COMPLEX

KRISHNAN V.: Vijayanta Hr.Sec. School, Avadi, Chennai - 600 054, Tamilnadu.

Of different speices of Datura, the taxonomic treatment of D.innoxia, D.fastuosa and D.metal seems to be in a controversial state. D.innoxia has been treated as D.metal by Mayuranthan (1929), while Mathew (1981) has considered D.innoxia as the original name and D.metal as synnonym. D.metal, as recognised by Henry etal; (1987) is accepted by Mathew (1981) who treats D.alba as synnonymous. However, Mayuranathan (1929) treated D.alba as a variety of D.metal. D.fastuosa is treated as D.metal by Henry et al; (1987), while Mathew (1981) treats it as D.metal var fastuosa; Mayuranathan (1929) identified it as D.fastuosa.

In a comprehensive investigation of morphological, palynological and anatomical features of *Datura Complex*, we suggest that *D.fastuosa*, *D.innoxia* and *D.metal* are three independent speices with distinct diagnostic features.

22. MORPHOLOGY OF FOUR HERBACEOUS SPECIES OF CASSIA

ANNIE SORNATHAI and CHELLADURAI V.²: Sarah Tucker College, Palayamkottai - 627 002, Tirunelveli, Tamilnadu. Survey of Medicinal Plants Unit - Siddha, Palayamkottai - 627 002, Tirunelveli, Tamilnadu.

Several species of the genus Cassia (Caesalpiniaceae) are medicinally important. The leaves, pods or the whole plants are employed in the medicinal preparations for generally treating worms, skin diseases, bowel complaints, diabetes etc . . . A few of the Cassia species especially of herbaceous form look similar and hence lead to some controvers in their identification. As a result there is a chance of parts of one species being used in the place of others. This may not assure of its exact therepeutic values. Contrary to this it may sometimes lead to side effects. In order to rectify this controversy, it is felt to have a thorough study over the morphology of some species of cassia available at Palayamkottai. This paper enumerates four of such species namely Cassia angustifolia, Cassia obovata, Cassia tora and Cassia sophora. Their botanical details are discussed.

23. BOTANICAL IDENTIFICATION OF CERTAIN SIDDHA MEDICINAL PLANTS

PADMA SORNA SUBRAMANIAN M., CHELLADURAI V. and SUBBULAKSHMI V.: Survey of Medicinal Plants Unit - Siddha, Palayamkottai - 627 002, Tirunelveli, Tamilnadu.

Several Medicinal Plants frequently referred in Siddha texts and folklores are still unidentified with reference to their Botanical origin. This is required to fix the correct sources of any plant. The present paper deals with Botanical identification of 10 important species namely Poomichakari Kizhangu, Mudukkan Kizhangu, Palmudukkan Kizhangu, Nilapoosani Kizhangu, Karudan Kizhangu, Vanabirami, Senkaththari, Kuzhalathandai, Mayoorasigai and Venkaranthai. The Botanical description, the habitat and substitution if any of these taxa are discussed.

SESSION IV

ETHNOMEDICINE

24. MEDICINAL PLANTS USED BY VALAIYANS

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Medicinal uses of various plants were collected from all categories of valaiyans by contacting the elderly persons, head of the settlements or persons having a thorough knowledge of medicinal plants. Medicinal uses of 81 species of angiospermic plants were gathered from valaiyan community. Valaiyans also contributed a lot in the preservation of germplasm by maintaining sacred grove in most of the settlements.

Such life saving medicinal plants should not be destroyed but preserved by cultivation and conservation.

25. FOLK VETERINARY MEDICINAL PLANTS USED BY GONDS OF KARIMNAGAR DISTRICT, ANDHRA PRADESH, INDIA

NAGESH KESARI and KARDAM T.S.: Office of the Forest Complex, Subedari, Warangal - 506 010, Andhra Pradesh.

Gonds, Lambadas, Erukalas and Koyas are the major tribes in Karimnagar district of Andhra Pradesh. Karimnagar district lies in between the latitudes 1800', and 19°0' and longitudes 78°30' and 80°3'. The district is bounded on the north by Adilabad district, on the northwest by Nizamabad district, on the west by Medak district, on the south by Warangal district and on the east by the Godavari. The district occupies an area of 11823.00 Sq.km. The population of the district is 30,37,486 of which scheduled tribes account for 2.73%. Of these the population of Lambadas 27,137, Gonds (Naikpods) 15,418, Erukalas 5,432 and Koyas 1,917 (1991 Census).

The present communication deals with ethnoveterinary practices of Gonds in Karimnagar district. The folk information presented here are the out come of exploration trips conducted during 1999-2000. The most of the data presented here was found to be new as compared with the available literature. Attempt was made to locate these plants and voucher specimens were collected and deposited in the Herbarium of Forest Geneticist, Warangal.

About 39 plants are enumerated with knowledge of Gonds for their medicinal uses in curing of veterinary diseases like anthrax, babesiosis, diarrhoea, dysentery, ephemeral fever, epitaxis, horn cancer, opacity of cornea, panting retained placenta, rheumatism, trypanosomiasis, tympany besides galactogogue, bone fracture, snake bite, cuts and wounds etc.

Enumeration of species includes their botanical name and the family name. It is followed by vernacular name and field numbers.

26. காணிக்காரப் பழங்குடியினரின் நாட்டுப்புற மருத்துவம்

சிதம்பரநாதன் வே. : பழங்குடி மக்கள் ஆய்வு மையம், தமிழ்ப் பல்கலைக்கழகம், தஞ்சாலூர், தமிழ்நாடு.

நோய் இல்லாத மனித சமுதாயம் இல்லை என்பதால் தான் நோயற்ற வாழ்வே குறைவற்ற செல்வம் என்னும் பழமொழி தோன்றியது போலும். மனித வாழ்வில் நோயும் மருத்துவமும் நகமும் சதையும் போல் பிரிக்கமுடியாதனவாகும் என்பது நாம் அறிந்த ஒன்றே. அறிவியல் வளர்ச்சி ஏற்பட்ட இன்றையக் காலத்திலும் கூட கிராமப் புற மக்களிடையேயும் பழங்குடி மக்களிடையேயும் "Folk medicine", "Ethono medicine", "Popular medicine" என்னும் பல பெயர்ளால் அழைக்கப்படும் நாட்டுப்புற மருத்துவம் இன்றும் வழக்கில் இருந்து வருகிறது. இம்மருத்துவமுறை இம்மக்களின் வாழ்வியலோடு ஒன்றிய ஒன்றாகத் திகழ்ந்து வருகிறது. அறிவியல் வளர்ச்சியுற்ற இன்றைய புதிய மருத்துவ முறைகளை இம்மக்கள் சிறுகச் சிறுக நாளடைவில் மேற்கொண்ட போதிலும் பெருமளவில் நாட்டுப்புற மருத்துவத்தையே மேற்கொள்கின்றனர். தமிழகத்தில் வாழும் 36 பழங்குடி இனத்தவரில் காணிக்காரப் பழங்குடி இனத்தவரும் ஒருவர். இவர்களும் நாட்டுப்புற மருத்துவத்தை அதிக அளவில் மேற்கொள்கின்றனர். இக்கட்டுரை இவர்களின் நாட்டுப்புற மருத்துவத்தைக் குறித்த செய்திகளைத் தர முய்ற்சி செய்கிறது.

27. மதுரை ஞாயிறு மூலிகைச் சந்தை – ஒரு பார்வை

சங்கரேஸ்வரி வே., சாந்தி க¹., பத்ம சொர்ண கப்ரமணியன் மு. மற்றும்செல்லத்துரை வே².: ¹அரசினர் சித்த மருத்துவக் கல்லூரி. பாளையங்கோட்டை தமிழ்நாடு. ²மூலிகை ஆராய்ச்சித் திட்டம், சித்தா, பாளையங்கோட்டை – 627 002, திருநெல்வேலி, தமிழ்நாடு.

மதுரை தமிழ்சங்கம் சாலையில் அமைந்த ஞாயிறு மூலிகைச் சந்தை தனித்தன்மை வாய்ந்தது. பச்சை மூலிகை களை வெவ்வேறு இடங்களில் இருந்து இங்கு கொண்டு வந்து ஒவ்வொரு ஞாயிற்றுக் கிழமைகளிலும் விற்பனை செய்து வருகின்றனர். பல தலைமுறைகளைக் கண்ட இம்மூலிகை வியாபாரம் பொதுமக்களுக்கும், பரம்பரை சித்த மருத்துவர் களுக்கும் மருத்துவ ரீதியாக அமைந்த ஒருவரம். இவ் வணிகத்தை செய்து வருபவர்கள் இங்கு விற்கப்படும் மூலிகை களின் அருங்குணங்களை தெரிந்து மக்களுக்குச் சொல்லி வருவதைப் பொதுமக்கள் பெரிதும் பயன்படுத்தி வருகின்றனர். பலமுறைகள் நேரடி ஆய்வு செய்ததில் இருநூறுக்கும் மேற்பட்ட பச்சை மூலிகைகள் இங்கு விற்பனை செய்யப்படுவது தெரிய வருகிறது. பருவ காலங்கள் மற்றும் சுற்றுவட்டாரத்தின் நிலவளம் பொறுத்து இங்கு கிடைக்கும் மூலிகைகளின் வகைகள் அமைகின்றன. இச் சந்தையில் வரும் தாவரவியல் மூலிகைகள் மற்றும் அவற்றின் மருத்துவக் குறிப்புகள் விளக்கப்படும்.

28. HERBAL MEDICINAL PLANTS USED BY *PALIYARS* IN GASTRO INTESTINAL DISORDERS

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The Study has been carried out in Ayyanarkoil, Thaniparai, Shenbagathoppu, of Western Ghats, in Tamil Nadu. Dominant tribal group of this region is Paliyar. The area is famous for well protected wildlife sanctuary (Grizzled Giant squirrel). The wild plants found in this region used for curing gastric troubles and stomach ache have been enumerated in alphabetical order along with family name, local (Paliyar) name, parts of the plant used, method of administration, dosage etc.

29. PREPARATION AND EVALUATION OF HERBAL HAIR OIL

NARENDRA KUMAR B¹., RAMA KRISHNA¹, RAO.K.N.V². and VENKATA RAO R³.,: ¹H.NO. 42-1-76, Thurpupalem, Ongole - 523 001. Andra Pradesh: ²College of Pharmacy, SRMC &RI, Porur - 600 116. Chennai, Tamilnadu. ³Plot - 145/2, 5th Cross street, Lakshmi Nagar, Porur - 600 116. Chennai, Tamilnadu.

Drugs of natural origin play a significant role in the public health care systems of any nation. Indian Materia Medica includes about 2000 drugs of natural origin of which approximately 400 are of mineral and animal origin while rest are from plant sources. Ayurveda, Siddha and Unani systems of Medicine use 600-700 herbs for medicinal use.

Presently, hair loss and baldness are important problems of the public Several conditions like age, lifestyle, heredity, nutrition, play an important role for this condition. In folklore many herbs are mentioned for their use as hair tonis and hair growth enhancers.

In this communication one such preparation is formulated and being tested based on previous time tested conditions, in rural areas of prakasam district of Andhra Pradesh.

This herbal oil is formulated using the ingredients which are widely available in coastal areas of Andhra Pradesh. This is a cost effective formulation to prevent baldness, greying, as a hair growth enhancer and for hair regrowth.

30. A SIDDHA HERBAL HAIR DYE

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Now a days, there are several hair dyes available

in the commercial market. Some of them are reported to have adverse effect on the hair and skin. A simple natural herbal hair dye which can be prepared easily by all and the mode of application is explained.

Fresh Nellikai (Phyllanthus Emblica) are collected and the pulp is carefully seperated and made in to a paste. The paste is thencoated over an iron vessel and kept in sunlight for a day. It is then scraped off from the vessel and ground to a fine powder. This powder is preserved in an airtight container.

Sufficient amount of *Nellikai hair* dye powder is made into a paste with little water. It is then applied to the grey hair and left as such for an hour. After an hour the hair is cleaned with water.

To get good results it is advisable to apply this dye atleast once in three days.

31. கால் நகச் சொத்தைக்கு ஓர் எளிய மருந்து

சித்ரா எஸ். : அரசு சித்த மருத்துவக் கல்லூரி, பாளையங் கோட்டை - 627 002, திருநெல்வேலி, தமிழ்நாடு.

நகச் சொத்தை என்பது இன்று பரவலாகக் காணப்படும் ஒரு நோய். சொத்தை நகம் வருவதற்குப் பல காரணங்கள் கூறப்படுகின்றன. பாதிக்கப்படும் நகங்களைப் பொறுத்து நோயாளியின் மனநிலை மற்றும் உடல்நிலை பாதிக்கப்படுகிறது. குறிப்பாக, கால் பெருவிரல்களில் வரும் சொத்தை நகம் பலநேரம் உள்சுருண்டு வளரும் தன்மை பெற்றிருப்பதால் அதிக வலியைக் கொடுத்து நோயாளிகளைத் துன்புறுத்துகிறது. இவ்வாறு உட்ச்சுருண்டு வளரும் நகத்தை நீக்குவதற்கு நவீன மருத்துவத்தில் பல அறுவை சிகிச்சை முறைகள் கூறப் பட்டுள்ளன. சித்த மருத்துவத்தில் கை மருந்தாக சில எளிய முறைகள் இவ்வகை சொத்தை நகங்களை நீக்குவதற்கு கூறப்பட்டுள்ளன. அவற்றில் ஒன்று இங்கு விளக்கப்படுகிறது.

கந்தகம், படிகாரம், வெங்காரம், கற்கண்டு, நவச்சாரம் கலந்து அரைத்து முடிக்கப்படும் ஒரு களிம்பு இவ்வகை நோய்களில் ஆச்சரியமான குணம் தருகிறது. இக்களிம்பை முறையாக சொத்தை நகத்திற்கு தடவி வர மற்றும் உட்ச்சுருண்ட நகங்களில் (ingrowing of the nail) முறையாகச் செலுத்தி வர விரைவில் குணம் கிடைக்கிறது. இது அனுபவபூர்வமான ஒரு உண்மை.

32. மயிர் புழுவெட்டை நீக்கும் ஓர் எளிய மருந்து

சித்ரா எஸ். : அரசு சித்த மருத்துவக் கல்லூரி, பாளையங் கோட்டை - 627 002, திருநெல்வேலி, தமிழ்நாடு.

மயிர் புழுவெட்டை நீக்கி, மயிர் புழுவெட்டால் ஏற்படும் சொட்டையை மாற்றி அந்த இடத்தில் மீண்டும் இயற்கையான மயிர் வளருவதை ஏற்படுத்தும் ஓர் எளிய மருந்து உள்ளது. இது அனுபவபூர்வமாக எனது தந்தை தனது வைத்தியத்தில் பயன்படுத்தி வருகிறார். இந்த மருந்து, செய்வதற்கும், பயன்படுத்துவதற்கும் மிகவும் எளிமையானது. இதைப் பயன்படுத்திய பலர் இன்று மயிர் புழுவெட்டினால் ஏற்படும் சொட்டை நீங்கி மீண்டும் இயல்பான கேசத்தை பெற்றுள்ளனர். இம்முறை விளக்கப்படும்.

33. ஈரோடு வட்டார வழக்கில் சில கை மருத்துவ முறைகள்

ககந்தி செ. : அரசு சித்த மருத்துவ கல்லூரி, பாளையங் கோட்டை - 627 002, திருநெல்வேலி, தமிழ்நாடு.

கை மருந்தாக சில சிறந்த மருத்துவ முறைகள் ஒவ்வொரு ஊரிலும் காணப்படுகிறது. இவை மக்களுக்கு எளிதாக மிகுந்த பயன் தருவதாக இருக்கின்றன. ஈரோடு வட்டார வழக்கில் உள்ள சில மருத்துவ முறைகளை ஆய்வு செய்து இக்கட்டுரையில் விளக்கப்படுகிறது.

நேத்திர பூண்டு தைலம், கண்ணோய்களுக்கு சிறப்பாக பயன்படுத்தப்படுகிறது. நேத்திர பூண்டு, என்பது அற்றிலை பொருத்தி, முறிவு பச்சிலை என்ற வேறு பெயர்களிலும் அழைக்கப்படுகிறது. நல்லெண்ணெய்யுடன் நேத்திர பூண்டை கலந்து சூரியபுடம் வைத்து இத்தைலம் தயார் செய்யப்படுகிறது. இப்பூண்டு தாவரவியல் படி Blepharis boerhaavifolia என அடையாளம் காணப்பட்டிருக்கிறது.

தொட்டால் சுருங்கி (Mimosa pudica) இலைகளை அரைத்து வெண்ணெய்யுடன் கலந்து மூலநோய், பௌத்திரம், கருப்பை அடித்தள்ளல் ஆகியவற்றிற்கு உள் மருந்தாக கொடுக்கப்படுவது ஒருவகை கை மருந்தாகும்.

மற்றுமோர் முறையில் வெற்றிலையும் வெள்ளெருக்கம் பூவும் சீழ்கட்டிகளுக்கு மருந்தாக கொடுக்கப்படுகிறது. உடல் வாகுக்கு தக்க அளவில் மகரந்தம் மற்றும் சூல் நீக்கிய வெள்ளெருக்கம் பூவினை 3, 5, 7 என்ற ஒற்றை படை எண்களில் வெற்றிலையில் வைத்து மூன்று நாட்களுக்கு தொடர்ந்து ஒரு வேளை கொடுக்கப்படுகிறது. ஆரம்ப நிலை சீழ்கட்டிகள் உடையாமல் கரைந்து விடுகிறது. முற்றிய நிலை சீழ் கட்டிகள் பழுத்து உடைந்து விடுகின்றன.

இம்மூன்று கை மருத்துவ முறைகளும் இக்கட்டுரையில் விளக்கப்பட்டுள்ளது.

34. TRIBAL FOOD PLANTS OF SRIVILLIPUTHUR PALIYAR

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The lesser known plants could make a useful contribution to world food production because they are

well adapted to adverse environmental conditions and are highly resistant to disease and pests and have good nutritional qualities. In south India, the tropical forests of Western Ghats, one of the 18 biodiversically rich hot spots of the world, has a large group of under utilised food plants. People of the palliyar tribe of Srivilliputhur, Western Ghats, India use wild plants for food and supplement their diet with Dioscorea pentaphylla L, D. bulbifera L, Dolichos biflorus L, Canavalia gladiata (Jacq) DC, Dolichos lab lab L, Carissa carandas L, Syzygium cuminii (L) Skells, Sterculia urens L. etc. Most of the wild food plants are used to treat various ailments.

35. GLIMPSES OF FOLK MEDICINES OF RACHANAMDU FOREST BANGALORE DISTRICT

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It is well known that Indian folklore claims are very rich, vast and unique to particular geographhical area. Although, Bangalore is fast growing metro there are many rural and tribal pockets within 10 to 15 kms. from out skirts of the city. Rural and Tribal people still use their folklore in management of various disease conditions. During Ayurvedic Mobile Clinical Research Unit's survey number of such folklore claims were documented. In this paper, a special reference of the folklore use of Gomutra (Cow's urine) has been highlighted. In addition to this we are providing a few more folklore claims used in cases of Kasa, Swasa, Twak Roga etc.

36. தெற்றி பூ தைலம்

அன்ன லெட்கமி கோ'., மற்றும் செல்லத்துரை வே².,: ¹அரசு சித்த மருத்துவக் கல்லூரி, ²மூலிகை ஆராய்ச்சி திட்டம், பாளையங்கோட்டை – 627 002, திருநெல்வேலி, தமிழ்நாடு.

குமரி மாவட்டத்தில் தெற்றி பூ தைலம் என்பது எல்லா பரம்பரை மருத்துவர்களுக்கும் தெரிந்த மருந்து. இது குமரி மாவட்டத்தில் மட்டுமே காணப்படும் ஓர் சிறப்பான மருந்தாகும். வெட்டு மருந்து கடைகள் முதலாய், இத்தைலம் அல்லது இத்தைலம் செய்வதற்கு தேவையான மருந்து பொருட்களை விற்பனை செய்து வருகின்றன.

சிவப்பு என்பது குழந்தைகளுக்கு ஏற்படும் ஒரு வகை தோல் நோய். பிறந்த குழந்தைகள் முதல் சிறார் வரை தாக்க வல்லது. சிவப்பு நோய்கள் பதினெட்டு என்றும் அவற்றில் பன்னிரெண்டு அசாத்தியம் என்றும் விளக்கப்படுகின்றது. தக்க தருணத்தில் இந்நோய்க்கு சிகிச்சை செய்யாவிடில் சில குழந்தைகள் உயிரிழக்கவும் நேரிடும். இந்நோயைக் குணப்படுத்த இன்றியமையாத மருந்தாக தெற்றிப் பூ தைலம் பயன்படுத்தப்படுகிறது. உள் பிரயோகம், வெளிப்பிரயோகம் செய்வதற்கு ஏற்ப பல வகைகளில் இத்தைலம் செய்யப் படுகிறது. இருப்பினும் இன்று அதிகம் புழக்கத்தில் உள்ள ஒரு முறை இங்கு விளக்கப்படுகிறது. இதில் தெற்றி பூ, கருஞ்சீரகம், கார்போகரிசி, கருஞ்சூரைப்பட்டை, கஸ்தூரி மஞ்சள், பவளப் புற்று, மயில்துத்தம், கந்தகம் போன்ற சரக்குகள் சேருகின்றன. தெற்றி பூ என்பது சித்த மருத்துவத்தில் வெட்சிப்பூவை (Ixora coccinea) குறிக்கும். தேங்காய் எண்ணெயில் இவைகளை இட்டு காய்ச்சி தைலம் செய்யப்படுகிறது.

37. பட்டணம் வைத்தியரின் குழந்தைகளுக்கான சிறப்பு மருந்துகள்

திருத்தணி எம்., மற்றும் ஜெய்னுல் ஆப்தீன்²,: ¹நஞ்சு நூல் துறை, பட்ட மேற்படிப்பு நிலையம், அரசு சித்த மருத்துவ கல்லூரி, பாளையங்கோட்டை - 627 002, தமிழ்நாடு, ²பட்டணம் வைத்தியர், வாகையடித் தெரு, நாகர்கோவில், தமிழ்நாடு.

குழந்தை மருத்துவத்தில் சிறப்பு சிகிச்சை செய்து வரும் பட்டணம் வைத்தியா் பரம்பரை, குமாி மாவட்டத்தின் மக்கள் அனைவருக்கும் மற்றும் தமிழகத்தின் பல பகுதிகளுக்கும் தெரிந்த ஒன்று. பல தலைமுறைகளாக குழந்தை மருத்துவம் செய்து வரும் இவா்கள் பயன்படுத்தும் ஒரு சிறப்பான மருந்து விளக்கப்படுகிறது. இம்மருந்து வெள்ளருகுச்சாறு மற்றும் பிரம்மத்தண்டுச்சாறு, ஆமணக்கு எண்ணெய் சோ்த்து தயாாிக்கப்படுகிறது. இந்த எண்ணெய் குழந்தைகள் மற்றும் பெரியவா்களுக்கு ஏற்படும் சிரங்கு, படை, கரப்பான், புண் முதலிய தோல் நோய்களுக்கு பயன்படுத்தப்படுகிறது. மேலும், வெளிப்பிரயோகமாக தோல் நோய்களுக்கு ஒரு மருந்தும் விளக்கப்படும்.

38. OCIMUM BASILICUM IN ITALIAN TRADITION

MARIA PIA MACCHI: Human Ecology workshop, Five Falls - by Pass Road 12 Ilanji P.B.No. 29, Shencottah, Tamilnadu.

It is very interesting to see the connections between Italian and Indian culture in the consideration of two very important Medicinal Plants from both the countries. In India Ocimum sanctum is the queen between medicinal plants, object of daily rituals in Indian families and in Hindu temples. In Italy the Ocimum basilicum is a simple but very important plant present in every house as a food integration and health promotor. Also who have not a garden is keeping two or three pots with this annual plant. Basilicum means the king. The leaves are used in our kitchen to add taste to the famous tomato sauce ethno Spaghetti. In our folk tradition we believe that this plant keeps away from the house the negative vibration, so old village people put the perfumed white flowers on the corner of the cooking room to keep away envie and also insects. Old people say also that if you put a leaf of Basilicum down your plate, you will eat with good appetite and if we bath with some leaves in the water our skin will be beautiful and health improved. In fact Basilicum has fungicidal properties. The paper presents these folk information besides its simple propagation method.

39. A SHARING ON BACH FLOWER THERAPY :AN EXTRACT

BRITTO VINCENT SJ: St. Xavier's College (Autonomous), Palayamkottai - 627 002, Tirunelveli, Tamilnadu.

Dr. Edmund Bach's Bach Flower Therapy is an important contribution to the collective of Alternative Medicines. I got introduced to this system of Medicine by Dr. Krishnamoorthy, Centre for Alternative Medicines, Chennai in a training programme, in the year 1994. Since then I have been learning this system by practising, by consulting experts like Sr. Clare ICM and Dr. Krishnamoorthy and self-treatment with this medicine.

In this presentation I like to make a short sharing of my personal experiences in this field of medicine.

SESSION V

PHARMACOGNOSY, PHARMOCOLOGY, CHEMISTRY AND MISCELLANEOUS

40. PHARMACOGNOSTICAL AND PHARMACOLOGI-CAL INVESTIGATIONS ON LEAVES OF *SOLANUM TRILOBATIUM* LINN.

CHANDRASEKARAN K., SANGEETHA M., STEPHEN AMBROSE, RAJAN MATHEW J., DWARAKANATH R.S. and RAJASEKAR S.: Department of Pharmacognosy, Swamy Vivekanandha College of Pharmacy, Tiruchengode - 637 205, Tamil Nadu.

Solanum trilobatum is widely used by the natives of Erode District for the treatment of respiratory disorders. As per their information, the pharmacognostical and pharmacological investigations were carried out on leaflets. Pharmacognostical investigations reveal the presence of stellately branched trichomes, lignified xylem vessels, anomocytic type of stomata in both upper and lower epidermis and the average length of the stellate trichome, leaf constants were also determined. Some of the analytical parameters, such as ash value, loss on drying were also investigated on this valuable plant and the results are discussed.

Anti inflammatory activity of the petroleum ether extract was investigated by carrageenin induced paw edema in albino rats by parenteral administration. The result of the present study suggests that the extract has significant anti-inflammatory effect against carrageenin induced paw edema compared to that of standard dose of indomethacin.

41. PHARMA COGNOSTICAL, PRELIMINARY PHY-TOCHEMICAL, ANTIMICROBIAL ACTIVITY OF HELIOTROPIUM INDICUM LINN.

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Heliotropium Indicum L. (Syn: Heliotropium cardifolium) belongs to family - Boraginaceae, a small herb distributed in India, Africa, South Eastern Asia, America. The plant has many folklore uses such as in scorpion bites, applications to wounds, sores, boils, gum boils, to repel pimples on face, diuretic, rheumatism, aphrodisiae, rignworm etc.

The present study was aimed to evaluate the important pharmacogonosy, phytochemistry and antibacterial aspects of the drug.

The pharmacognostical study comprises of detailed macroscopy, anatomy, powder microscopy of leaf, stem and quantitative microscopy, physical constants ash values for leaf.

Preliminary phytochemical studies includes use of fresh juice of aerial parts (leaf, stem) to identify class of phyto constitutents. TLC profile shows the presence of carbohyydrates, saponins (triterpenes), phenolic ompounds.

Anti-bacterial studies were carried out on both Gran +ve, Gran -ve organisms by cup plate method. The juice exhibited significant inhibition against *E.coli, K. Pneumoniae*, *Pneumococci*, *S. aureus*, *D.cornybacterium* at 0.5 ml concentration.

42. PHARMACOGNOSTICAL, PHYTOCHEMICAL AND PHARMACOLOGICAL STUDIES ON CITRULLUS COLOCYNTHIS SCHRAD

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Citrullus colocynthis Schrad (Family: Cucurbitaceae) a climbing herb has very useful medici-

nal values in indigeneous systems of medicine. In Siddha meteria medica, it is given that this plant, at moderate dose, has diuretic activity and it is used to treat menstrual disorders and rheumatic compliants.

Owing to its medicinal values, this plant was selected and evaluated for pharmacognostical, phytochemical and pharmacological properties. The pharmacognostical standards such as physicochemical standards and the anatomy of the plant were studied.

The extraction was done by cold maceration. The presence of phytochemical compounds were confirmed by preliminary phytochmical screening.

Chloroform and ethanolic extracts of Citrullus coloynthis Schrad was tested for diuretic activity by comparing with the standard (Acetozolamide 20mg/kg) in male albino rats. All the extracts showed increase in the excretion of urine. It also increased the excretion of Na+,K+ with increase in the Ph to 7.7.

The diuretic activity of the extract may be due to the presence of phenolic compounds and probably due to inhibitory action over carbonic anhydrase enzyme.

43. PRELIMINARY PHYTO-CHEMICAL SCREENING OF HEMIDESMUS INDICUS (L.) R.BR.VAR. INDICUS AND HEMIDESMUS INDICUS (L.) R.BR.VAR. PUBESCENS (WIGHT & ARN). HOOK F.

ANOOP AUSTIN and JEGADEESAN M.: Department of Siddha Medicine, Faculty of Sciences, Tamil University, Thanjavur - 613 005, Tamil Nadu.

Hemidesmus indicus belonging to the family Periplocaceae is a twining climber. Preliminary phytochemical studies are carried out in Hemidesmus indicus var indicus and var. pubescens and a comparative study on their biological compounds was carried out in two growth phases and the results are dealt briefly.

44. PURIFICATION OF "LINGAM" (RED SULPHIDE OF MERCURY) - THE CHEMISTRY BEHIND

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The usage of metallic preparations in Siddha Medicine is being criticised repeatedly both by the practitioners of other systems of medicine and the common man. On the other hand the Siddha physicians claim that the metallic drugs used in Siddha system are purified prop-

erly and then calcinated which leads to perfect detoxification. In this consumer era Siddha physicians cannot escape from the duty of explaining the scientific basis behind the purification and detoxification process.

In this paper, the authors are desirous of bringing out the chemistry involved in purification of *Lingam* (Red sulphide of Mercury).

45. சித்த மருத்துவ ஆய்வில் – அருகன்புல் தைலம்

கண்பதி வே.: இயற்கை வள அபிவிருத்தித் திட்டம், விவேகானந்தா கேந்திரம், கன்னியாகுமரி, தமிழ்நாடு.

உலக மருத்துவ முறைகளுள் நமது சித்த மருத்துவம் அடிப்படைத் தத்துவங்களில் மிகவும் சிறந்து விளங்குகிறது. இறப்பை நோய் என்று கூறும் இம்மருத்துவம் உயிரினங்களின் தோற்ற ஒடுக்கத்தையும், வாழ்நாள் நெறிமுறையும், நோயில்லா நெறிகளையும் தெளிவாக எடுத்து கூறுகிறது. நோய்களுக்கு சிகிச்சை என்று கூறும் போது, மணி, மந்திரம், அவிழ்தம் என்ற நிலைகளைக் கூறி, நோய்நிலை, காலநிலை, நோயாளியின் நிலை, மருந்தின் நிலை இவைகளை அனுசரித்து பல்வேறு வகையான மருத்துவ முறைகளை கூறி இருப்பது இதன் சிறப்பம்சமாகும்.

சித்த மருத்துவர்கள் அனைவரும் பயன்படுத்துகிற கூட்டு மூலிகை மருந்து அருகன்புல் தைலமாகும். விஞ்ஞான ரீதியிலுள்ள செயல்பாடு பற்றியே கருத்திற் கொண்டு வருவதால் இம்மருந்தின் பூரணத் தன்மை மெல்ல மறைந்தும், நாம் அதை இழந்தும் வருகிறோம். இதனால் மூலநூற்களில் தீரும் நோய்கள் என்று கூறப்பட்டு இருக்கிற நோய்களுக்கு யாரும் இம்மருந்தை பரிந்துரை செய்வதில்லை. ஆக நமது மருத்துவத்தின் நவீன விஞ்ஞான ஆய்வின் வரைமுறையை உணர்த்தும் பொருட்டும், தத்துவங்களை உணர்ந்திருந்தாலும் இவை நடைமுறைக்கு வராது என்ற எண்ணத்தை மாற்றிடும் பொருட்டும், ஒவ்வொரு மருந்திலும் கூட முன்னோர்களின் பஞ்சபூத நுணுக்கத்தை உணர்த்தும் பொருட்டும் இக்கட்டுரை விளக்குகிறது.

46. EXPORT OF CRUDE DRUGS FROM TUTICORIN PORT

MATHAN SANKAR P.S.S.J.: P.S.S.J. Suthanthira Enterprises, 121, North Cotton Road, Tuticorin - 628 001. Tamilnadu.

There is a steady growth of export of crude drugs from India. In recent times it has touched an all time high of 1,75,000 tons per year. At present India is the leading supplier of several medicinal plants. Leaves, pods stem of Tirunelveli Senna, root and leaves of Vinca rosea, Indian squill, Yellow Dock root, Gymnema leaves, Coleus root etc are some of the commonly exported items from Tuticorin port.

Some of the importing countries include Italy, Japan, China, USA and Germany. The P.S.S. group is one among the few exporters doing this trade since 1948.

47. MAXIMIZATION OF LEAF PRODUCTION IN SENNA UNDER DRYLAND CONDITION

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An Investigation was undertaken to maximize the leaf production in senna (Cassia angustifolia. Vahl.) under dryland condition through various levels of N combined with DAP, Ethrel and Azospirillum. The results revealed that the number of leaves per plant showed significant variations due to the different levels of nitrogen. Among all other treatments, the treatment involving higher dose of nitrogen (75 kg ha⁻¹) coupled with foliar spray DAP (2%), Ethrel (50 ppm) and AZospirillum (2kg ha⁻¹) recordered the highest dry leaf yield of 1900 kg ha⁻¹ under rainfed conditions. The increase in leaf production and total bio mass production was mainly due to higher dose of nitrogen application and improved uptake of N, P and K.

48. SEASONAL INFLUENCE ON SURVIVAL PERCENTAGE OF EXPLANTS THROUGH IN-VITRO IN GYMNEMA SYLVESTRE

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The season during which the explants were collected from the mother plant had a profound influence on the survival percentage of explants in-vitro. March-June proved to be the best period of explant collection, followed by July-September and the response was poor during October-December and January - February. This is attributed to the physiological state of the vine, which is being influenced by the season which in turn influences the explant behaviour in-vitro. During October-December, which is the coolest part of the year in Coimbatore, the plant is in a dormant state which might be the reason for the poor response during that season. During January-February the plant undergoes its reproductive phase and this might hinder the development of vegetative buds. During March-June, new flushes are put forth profusely and the explants collected during this season have responded best to in-vitro culture which is due to the active vegetative phase coninciding with this part of the year.

49. STUDIES ON STOMATAL DENSITY ON SOME ACCESSIONS OF GYMNEMA (GYMNEMA SYLVESTRE)

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Gymnema sylvestre belongs to the family Asclepiadaceae. It is a woody vine like plant which climbs on bushes and trees. The effeciency of leaf power of Gymnema sylvestre in checking Diabetes mellitus is a common metabolic disorders of human beings. The important active ingredient of Gymnema sylvestre is an organic acid called Gymnemic acid. The present study was taken up to find out the stomatal density of different accessions of Gymnema. The accession which are all included in this study are Anaikattai, Coimbatore, Yercaud, Vellanikara, Neelambur and Pallatheri. Mature leaves were collected at random between 10.00 AM to 10.30 AM in each accessions and utilized for stomatal densities. The potassium dichromate method was employed to obtaining the epidermal peelings. The peels of the epidermis obtained were mounted in lactophenol after staining with acetocarmine. In the upper surface the highest number of stomata found the accession (Anaikatti) 65.68/mm², followed by (Vellanikara) 55.92/ mm². The least number of stomata was found in the accession (Yercaud) 31.58/mm². Where as in the lower surface the highest number of stomata found the accession (Vellanikara) 283.30/mm² followed by (Anaikatti) 280.30/mm². The least no. of stomata was found in the accession (Palltheri) 150.00/mm². Normally lower surface having more number of stomata than upper surface.

50. INVESTIGATION ON CERTAIN ASPECTS OF YIELD AND YIELD ATTRIBUTES IN GLORY LILLY (GLORIOSA SUPERBA L.)

RAJADURAI K.R., VADIVEL E. and BEAULAH A.: Horticultural College and Research Institute, Tamil nadu Agricultural University, Coimbatore - 641 003, Tamilnadu.

Glory lilly (Gloriosa superba L.) is an important medicinal plant of the tropics. The plant possess an under ground part, the tuber and seed contain an alkaloid colchicine. Colchicine is used in modern medicine for the treatment of gout, rheumatism, diseases of liver

and for inducing plyploidy in plants. In this study, some growth and development of glory lilly was carried out in farmers field at Moolanur area, near Dharapuram, from july 1999 to February 2000. Investigation showed that the number of pods per plant noticed was 20 to 50. Pod length recorded was 7 cm to 9 cm, pod girth noticed was 3 cm to 6 cm, number of seeds/rplant was 70 to 80, tuber yield per plant 80 to 130g. Pod yield recorded was 200 to 400 g/plant, seed yield recorded was 100 to 200 g/plant.

51. VARIABILITY STUDIES IN TIPPILI (PIPER LONGUM LINN.)

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To study the extent of variability in tippili, a base population of tippili was raised at Horticultural Research Station, Yercaud in 1995. The base population collected from Kerala, Maharastra, Karnataka, were raised on an area of two acres. Periodical observations were made on length and spread of vine, number of laterals, length and breadth of leaf, spike characters like length, girth, weight etc.

There was a wide degree of variation with high co-efficient of variation for characters viz., length and spread of vine and spike characters. The spread of vine ranged from 29.0 to 138.90 cm with 47.60 per cent coefficient of variation. Though the variations for spike characters was moderate for the length and girth and spike (21.25 and 23.17 percent respectively).

The fact that there are a number of geographical races in Piper longum under natural habitat (Viswanathan 1995) was much evident from this study. The study indicates ample scope for selection of high yielding strains and for further exploitation through genetic methods.

52. MEDICALLY IMPORTANT EDIBLE FUNGUS IMPROVEMENT USING FUSION TECHNOLOGY

JAYAKUMAR N¹., RANJETH SINGH². and RAJASEKARAPANDIAN³: ¹K.K. College, Velur, Tamil Nadu. ²Paramakalyani College, Alwarkurichi, Tamil Nadu. ³Muthayammal College, Rasipuram, Tamil Nadu

Mushroom has rich nutritional value and is used as nurshiment diet. Protoplasts were isolated by standard method and treated with ultraviolet rays for isolatting auxotroph as MM and CM respectively. The nutritional auxotroph were fused and identified and spawn were prepared for cultivation of mushroom. The nutritional value were analysed by standard method and compared with wild strain.

SESSION VI

SPECIAL LECTURES

1. HERBAL DRUGS IN MODERN MEDICINE

ABDUL HAMEED K.U.: College of Allied Medical Sciences, 3, Jegajeevanram Street, Shenoy Nagar, Madurai - 625 020, Tamilnadu.

The role of medicinal plants in the alleviation of human sufferings is of historic interest. From time memorial man had the knowledge of treating diseases with plants and other natural products. The collection of the knowledge of medicinal properties of the herbs and other natural materials was called MATERIA MEDICA, which was taught to medical students as reference book. Till 18th century the herbal drugs played major role in the medical world and utilized in various dosage forms like pills powder, extracts, dicoction and other galanical preparations.

In the beginning of 18th century tremendus changes took place in the field of science, particularly in biochemistry. Thousands of plant materials were chemically analysed, their active principles were isolated in pure form and the threaputic values were established. Hundreds of synthetic substitutes were also invented. Because of this advancement the herbal drugs gradually lost its importance in Alopathy system of medicine.

The modern medical world today has reached heights which would not have been imagined even 50 years ago. With new medicines, diagnostic procedures, techniques and instruments the diseases are easily diagnosed and treated. Most of the medicines used in the modern medicine are synthetic in nature. No one would deny the importance of synthetic drugs in Alopathy system of medicine. But the fact is that most of the synthetic medicine commonly used today have their origin from natural source. Many of the life saving drugs like antibiotics, cardiac glycoside etc are natural products. Even today herbal drugs are used as cardiotonic, laxatives, carminatives and GI tract regulators, antihypertensive agents, anticancer agents, antitussives, antirheumatics, antimalarial, oxytocics, analgesic etc in modern medicine. This lecture is mainly concerned with the above aspect.

2. OCCURANCE AND DISTRIBUTION OF SIDDHA MEDICINAL PLANTS IN TAMILNADU

CHELLADURAI V., PADMA SORNA SUBRAMANIAN M., and SUBBULAKSHMI V.: Survey of Medicinal Plants Unit - Siddha, Palayamkottai - 627 002, Tirunelveli, Tamilnadu.

The paper presents an account of the occurance and distribution of 720 well known and commonly used Siddha medicinal species together with their botanical names in Tamil Nadu. These species occur in 4 major habitats namely coastal, dry waste land, wet lands including water courses and the hills. Medico ethno Botanical survey of these species show that the dry waste lands provide more number of Siddha medicinal species than the other 3 regions which is significant. This region is much disturbed and found facing severe threat. Suggestions are made to protect this dry waste land region similar to other regions already given much attention.

3. DEVELOPING METHODS FOR STANDARDIZA-TION OF SIDDHA FORMULATIONS

JEGANATHAN N.S.: Institute of Pharmacutical Technology, Annamali University, Annamalianagar, Tamilnadu.

About 23 compound formulations of various categories are given in "The Siddha Formulary of India". Part I, First Edition, 1992 published by Govt. of India. The Siddha system of Medicine is a distinct science and an unique art of healing founded by great poet mystics called, "Siddhars". who produced their works in Tamil. Minerals, metallic preparations and the medicinal plants used in Siddha Medicine are outstanding in their therapeutic value. Commercialisation has become dominant in the preparaion and marketing of Siddha drugs. In order to ensure the purity of drugs supplied to the profession and to ensure safety to the public, the Govt. of India, considered it expedient to extend the provisions of Drugs and Cosmetics Act, 1940 and exercise control over manufacture of Siddha, Ayurveda and Unani drugs. Though all the herbal drugs were brought under the purview of Drugs and Cosmetics Act, 1940, so far no standards are available for these drugs in the form of Pharmacopoeia to strictly enforce the act at par with the Allopathic system of Medicine and to have legal control over the manufactures of drugs of Indian systems of Medicine. Due to lack of proper quality control, often, non effective and toxic herbal formulations has found its way into the commerce.

However, it is not so simple or easy to standardise a Herbal formulation especially when a formulation con-

tains polyherbal drugs with varying constituents. The various topics to be discussed at the seminar are as follows.

- 1. Various problems encountered in standardization of Siddha Formulations.
- 2. Methods developed to standardize Siddha Formulations.
- 3. Use of HPTLC (High Performance Thin Layer Chromatography in the Quality control of crude drugs and formulations.
- 4. Developing a protocol for Siddha Formulations.

SESSION VII

CLINICAL

53. EFFECT OF *DIANEX* AN AYURVEDIC HERBAL FORMULATION IN NON-INSULIN DEPENDENT DIABETES MELLITUS PATIENTS

EMERSON SOLOMON F., SIVARAMAN G.K. and SURESH A.: Apex Laboratories Limited, 38, C.P. Ramasamy road, Alwarpet, Chennai - 600 018, Tamil Nadu.

Diabetes melitus is a hereditary disorder with metabolic and vascular derangements. Most of the complications resulting from hyperglycemia, such as eye, kidney and nerve damage, as well as heart disease, can be easily reduced, delayed or even prevented with adequate blood sugar control.

Several medicinal plants find place in treatment of diabetes. In this study *Dianex* tablets were prepared with the formulation of well researched medicinal plants, whose main ingredients are *Gymnema sylvestre*, *Momordica charantia*, *Eugena jambolana*, *Withania somnifera*, *Cassia auriculata*, *Aegle marmelos*, *Azadirachta indica* and *Curcuma longa*.

Effect of the drug was evaluated taking parameters of Post Prandial Blood Sugar (PPBS), blood cholesterol, blood urea, blood pressure, uring glucose and body weight, as quantitative end point. Twenty five noninsulin dependent diabeties mellitus (NIDDM) patients of both sexes with a mean age of 54.28 ± 5.25 years were given in a dose of two tablets thrice daily for a period of four months. Drug treatment produced significant (P<0.05) reducation in Post-Prandial Blood Sugar levels. The initial and final PPBS (mg/d1) values were 258.32 ± 32 and 159.52 ± 26.51 respectively. The percentage of reduction in blood cholesterol and urea were

significant when compared with initial values. Complete disappearance of urine sugar was observed is 60 % of the patients. The results indicate that the drug has hypoglycemic effect on NIDDM patients. There was no significant body weight change observed and all the patients had a sense of well being without side effects during the treatment periods. The present study shows that this formulation has a strong hypoglycemic activity and can be used for long term without serious side effects.

54. CLINICAL TRIAL OF *VINCA ROSEA* IN THE TREATMENT OF NON-SPECIFIC CHRONIC EXTERNAL ULCERS.

SAROJA P.R., THIRUNAVUKARASU S., and JEYAKARAN D.S.,:Central Research Institute (Siddha), Arumbakkam, Chennai - 600 106, Tamil Nadu.

External ulcers are very common among the people, especially in India due to unhygenic environmental conditions. *Vinca rosea*, a known anti cancer drug was already tried for all types of malignancy at Central Research Institute (Siddha) Chennai. This paper presents the observation on the clinical trial of *Vince rosea* in the treatment of chronic external ulcers. A pilot study was conducted in thirty patients of chronic external ulcers at Central Research Institute (Siddha) Chennai. at O.P. Analysis of the findings revealed a remarkable result in majority of the cases. No complications were observed while the patients were under study. The essential clinical laboratory investigations have been done before and after treatment. The effect of *Vinca nosea* is well illustrated in this paper.

55. விஷகடியால் வரும் தோல் நோய்களுக்கு ஒரு எளிய அனுபவ மருந்து

KAMALAM R.: Govt. Siddha Medical College, Palayamkottai, Tirunelveli - 627 002, Tamil Nadu.

தேவையான சரக்குகள் : 1. வல்லாரை – 50 கிராம், 2. நில வளத்தி – 100 கிராம், 3. தேங்காய் – பாதி மூடி.

வல்லாரை இலையையும், நில வளத்தி இலையையும் மேற்சொன்ன அளவில் எடுத்து நன்றாக அரைத்து வைத்துக் கொண்டு. தேங்காயை திருவி 200 மில்லி அளவு பாலெடுத்து, அதில் அரைத்து வைத்த சரக்கை கலக்கி வடிகட்டி காலையில் மட்டும் சாப்பாட்டுக்கு முன் குடிக்கவும். இதை மூன்று நாட்கள் குடிக்க வேண்டும். பத்தியமாக உப்பில்லா பச்சரிசி கஞ்சி குடிக்கவும். இது விஷ கடியால் வரும் தோல் நோய்களை குணப்படுத்தும் ஒரு அனுபோக முறை.

56. DIET THERAPY - A NATURAL WAY OF MANAGING ARTHRITIS

RAJALAKSHMI S., THIRUNAVUKKARASU S. and JAYAKARAN D.S.: Central Research Institute (Siddha) Arumbakkam, Chennai - 600 106, Tamil Nadu.

The great Siddhar Therayar has written more about the diet and its role in keeping the mankind hale and healthy. Diet is a fundamental part of most health therapies and integral element in almost all medical systems. In this pilot study conducted at the out patient department of Central Research Institute (Siddha) Chennai - 106, the role of diet was experimented on women violunteers in the menopausal age between 45 and 55 years, who were suffering from moderable to pain in various joints. The designed diet is low in fat and carbohydrate but high in dietary fibers, severe fruits and vegtables. This natural food eliminate pain within two to four weeks. The clinical and laboratory parameters are normalized within four weeks of therapy. Since the designed diet is not deprived of any nutrient, no untoward side effects were noticed during the entire therapy.

57. எய்ட்ஸ் என்னும் மேகநோய் (தேய்வு நோய்) அனுபவ ஆய்வு அறிக்கை

பூ*பதிராஜா எஸ்., மற்றும்* பாலகப்ரமணியம் டி. : போகர் சித்த மருத்துவமனை, 86 நாச்சியப்பா வீதி, ஈரோடு, தமிழ்நாடு.

எய்ட்ஸ் என்பது "பட்டமரம் போலாகும் வெட்டை மேகம்" எனும் சித்தர்கள் கூற்றுப்படி, 21 வகை மேக நோயில் ஒன்று. நவீன மருத்துவ முறைப்படி, ஹெச்.ஐ.வி. கிருமியால், உடலில் நோய் எதிர்ப்பு தன்மை குறைவதால் உண்டான பல நோய்களின் குறி குணங்களின் தொகுப்பு ஆகும். இந்நோய்க்கு சித்த மருத்துவம் செய்யும் முறை இங்கு விளக்கப்படுகிறது.

இந்நோயில் கீழ்க்கண்ட மருந்துகள் எய்ட்ஸ் நோயாளிக்கு கொடுத்து வருகிறோம்.

எண்.	மருந்துகள்	அளவு	அனுபானம் வே	ளை
1.	இரசகந்தி மெழுகு	500 ഥി.കി.	பனை வெல்லம்	2
2.	அகஸ்தியர் குழம்பு	100 ഥി.കി	திரி கடுகு சூரணம்	1
3.	சண்டரசம்	50 ഥി.കി	தேன்	1
4,	கட்டுப ற்பம்	200 🔊 🚇.	தேன்	1
5.	யுனானி செந்தூரம்	50 ഥി.കി.	தேன் (அ) நெய்	1
6.	தானிசாதி சூரணம்	1கிராம்	தேன்	2
7.	திரிகடுகு சூரணம்	1 கிராம்	தேன்	2
8.	அமுக்கரா லேகியம்	20 கிராம்	பால்	2

மருந்துகள் 3 மாதம் முதல் 6 மாதம் வரை கொடுக்கப் படுகிறது.

58. CLINICAL STUDIES ON THE EFFECT OF ABRAGA (MICA) CHENDOORAM IN THE TREATMENT OF DIABETES MELLITUS (NEERAZHIVU)

RAVISHANKAR V.: Central Council for Research in Ayurveda and Siddha, 61-65 Institution Area, Opp. 'D' Block, Janakpuri, New Delhi - 110 058, Tamil Nadu.

Abraga Chendooram a Siddha drug was clinically tried on 130 ambulatory patients of non-insulin dependent diabetes melliius (NIDDM) attending the diabetic clinic at Safdarjang Hospital, New Delhi. During preliminary screening those cases in which reduction in calories intake controlled the disease effectively or and serious complications like ketoacidosis, nephropathy, neuropathy or rationopathy etc. were excluded. The cases taken up for study were mild and moderate type. The cases included into this study were subjected to thorough clinical examination and detailed history was recorded. 200 mg of the drug filled in an empty gelatine capsule was prescribed two times a day for forty five days. The total calories intake for 24 hours was decided at the rate of 25 calories per kilogram of ideal body weight. Sixty eight percent of the patients belonged to the age group of 40-60 years. Thirty percent were familial incidence cases. The study showed mean fall of 62.30 mg. at fasting and mean fall of 84.7 mg after two hours of food intake (Post prandial) with 45 days of treatment with this drug. This was found to be satistically significant (P<0.005) both at fasting and post prandial levels. No side or toxic effects of the drug were seen during the course of study.

59. A CLINICAL EVALUATION OF THE ANTI-TUSSIVE AND ANTI-ASTHMATIC EFFECTS OF A SIDDHA COMBINATION DRUG.

SELVA SHUNMUGAM P.: Getwell Hospitals, Tirunelveli - 627 001, Tamil Nadu.

The clinical trial of anti- tussive and anti-asthmatic effect of a siddha combination drug was carried out on 46 cases. Out of 46 cases, 32 were suffering from kasam and 14 were suffering from swasakasam. After careful clinical examination the patients were treated with the combination drug. Out of the 46 cases included in the trial, 12 cases were completely relieved, 21 cases were significantly relived, 10 cases were moderately relieved. On the basis of observations and results, the combinations drug was found to possess anti-trussive and anti-asthmatic effects. Details will be discussed.

60. PRACTICAL USE OF KATTUCHEERAGA CHOORANAM FOR DEWORMING CHILDREN

AMIRTHA RAJ D. and SURESH KANNA G.: P.G. Dept. of Kuzhanthai Maruthuvam, Govt. Siddha Medical College, Palayamkottai - 627 002, Tamil Nadu.

Kattucheeraga choornam consist of dried and powdered seeds of Vernonia anthelmintica. In developing countries like India children are often affected by worm infestation. In clinical practice of Siddha medicine it is observed that Kattucheeraga chooranam, when given in doses appropriate to the age of children, an excellent degree of deworming is achieved. Many of the signs and symptoms attributable to worm infestation are alleviated after deworming by Kattucheeraga chooranam.

61. YOGA FOR HIV/AIDS PATIENTS

RAMASWAMY R.S.: Dept. of Physiology, Special Medicine & Yoga, Govt Siddha Medical College & Hospital Palayamkottai - 627 002, Tamil Nadu.

The breakdown of immune system in HIV infected persons may be slow but it is sure. Yoga techniques like Asana, Pranayama and Meditation stabilise the immune system. This paper elaborately deals with asanas, pranayamas and meditation techniques useful in the management of HIV/AIDS patients. In the early stage of infection yoga techniques will definitely delay the progression. They promote self confidence, dispel fear and relieve stress, depression etc. They are therapeutically supportive in the management of infections especially lung infections and other physical and mental problems.

62. EFFECT OF JALAMANJARI ON ASMAREE

SHREEJA T.S.: Santhigiri Ayurveda & Siddha Vaidya Sala, TC 50/1620 Dhanya Thaliyal, Karamana, Thiruvananthapuram - 695 002, Kerala.

Siddha Vaidya is a complement from the Dravidian culture. This modality of thereapy emphasises mainly on *bhasmam* and *chendooram*, which are the preparations of metals, minerals and salts.

The urolythiasis is often surgical, but it is curable with medicine according to the size of calculi. This paper tries to enlighten the effect of *Jalamanjari*, a compound medicine, one among the Siddha formulary on the treatment of *Moothrasmaree* or Renal calculus.

SESSION VIII

PHARMACOLOGY

63. STUDIES ON THE EFFECT OF CAUVERY - 100, AN AYURVEDIC FORMULATION ON THE NUTRIENT UPTAKE IN THE RAT INTESTINE

SUBRAMANIAN S. and GOVINDASAMY S.: Department of Biochemistry and Molecular Biology University of Madras, Guindy Campus, Chennai - 600 025, Tamil Nadu.

Cauvery - 100 is an ayurvedic formulation comprising of 14 ingredients of plant origin. The drug exhibits antiulcerogenic and antidiarrhoeal effects. In the present study ulcer and diarrhoea were induced in experimental rats using sodium bicarbonate and caster oil respectively. The assay of sodium potassium dependent ATPase, alkaline phosphatase and *in vivo* absorption of 14C-Glucose and 14C-Glycine were studied in the rat intestine. The results suggest that the drug has a protective effect on the gastrointestinal system without side effect.

64. HEPATOPROTECTIVE ACTIVITY OF SOLANUM TRILOBATUM AT THE CELLULAR CONSTITUTENTS LEVEL ON EXPERIMENTALLY INDUCED TOXICITY IN RATS

YAAMINI SUDHA LAKSHMI¹ and PARIMALA S².:¹Department of Biochemistry, T.S. Narayanaswami College of Arts & Science, Navalur, Chennai - 603 103. ²Department of Ancient Science, Tamil University, Thanjavur - 613 005, Tamil Nadu.

Solanum trilobatum L (Solanaceae) known as Thuduvalai in Tamil, is used in the Siddha System of Medicine. It is a bitter tonic, and expectorant and is used in the treatment of cough, chronic bronchitis and other respiratory diseases. Sobatum isolated from Solanum trilobatum has significant inhibition on skin carcinogenesis. B-solamarine the major constituent showed antibacterial, antifungal, antimitotic and antitumor activities. Inspite of its various activities that have been studied, an exhaustive study of its hepatoprotective activity had not been delt with. hence preliminary works were carried out to prove that the crude glycoalkaloid isolated from the alcoholic extract of Solanum trilobatum showed hepatoprotective effect against CCl₄ induced hepatotoxicity.

In the present investigation, the acute and chronic hepatoprotective activity of the crude glycoalkaloid iso-

lated from the alcoholic extract of Solanum trilobatum against two toxicants viz CC1₄ and galactosamine were analysed at the cellular constitutents level, like glycoproteins (hexose, hexosamine, sialic acid), hydroxyproline, DNA, RNA and protein.

It was observed that in both acute and chronic studies, the hepatoprotective effect of crude glycoalkaloid was significant at the cellular constitutents level.

65. CARDIOPROTECTIVE EFFECT OF AROGH-A-POLYHERBAL FORMULATION ON MARKER ENZYMES AND LIPID PEROXIDES

SUCHALATHA S., THIRUGNANASAMBANDHAM P., MAYIERSWARAN, SHYAMALA DEVI C.S.: Department of Biochemistry and Molecular Biology, University of Madras, Guindy Campus, Chennai - 600 025, Tamil Nadu.

The protective role of Arogh (150mg/100g body wt, orally, for a period of 60 days) on isoproterenol (20mg/100gm S.C., twice at an interval of 24 hrs at the end of the Arogh pretreatment) induced myocardial infarction was studied in rats. The alleviating effect of Arogh on myocardial infarction was assessed by studying the levels of lipid peroxides and changes in the activities of marker enzymes such as creatine kinase, lactic dehydrogenase, alanine transaminases and aspartate transaminases in the serum and heart homogenate.

In isoproterenol administered rats, a significant decrease was observed in the activities of marker enzymes in the heart with a corresponding increase in their levels in serum. Lipid peroxide levels increased significantly in the serum and heart. In rats pretreated with *Arogh* the levels of lipid peroxides and the activities of marker enzymes, were retained at near normal levels.

66. PRECLINICAL TOXICITY STUDIES OF *DIANEX* AND *VISTAMIN* ON MICE

EMERSON SOLOMON F¹, and UMA DEVI P².: ¹Apex Laboratories Limited, 38, C.P. Ramasamy Road, Alwarpet, Chennai - 600 018. ²Department of Radiobiology, Kasturba Medical College, Manipal - 576 119 Karnataka.

Poly - herbal formulation *Dianex* (Antidiabetics) and *Vistamin* (Brain nutrients) were screened for acute toxicity in conventional mice. Intraperitoneal (IP) administration of *Dianex* was less tolerated by the animals compared with *Vistamin*.

A single IP administration of 250 mg/kg of *Dianex* aqueous extracts mixture in mice did not produce any death within 72 hr. While incremented dose 500 mg/kg

resulted in 10% mortality in 48 hr. With doses of 750 mg/kg and above, there was a sharp increase in mortality. Death occurred from 30% - 50 % within 48-72 hr and 2000 mg/kg resulted in 100% death. The LD 50 of *Dianex* was calculated to be 1161.49 mg/kg.

For Vistamin, the mice showed high tolerance by IP administration. A single i.p. administration of 1.5 gm/kg aqueous extracts mixture did not produce any mortality with in 72 hr. above which a 250 mg/kg increment in drug dose produced sharp increase in the death rate. No animals survived after an injection of 2.5 gm/kg. The LD50 of the extracts by IP administration was 1942.5mg/kg.

Acute toxicity studies after oral administration with various doses of the *Dianex* and *Vistamin* mixtures and sub-acute toxicity studies are in progress and these data are of value for selecting the drug doses for clinical use.

67. TOXIC EFFECTS OF CRUDE ROOT EXTRACTS OF *PLUMBAGO ROSEA* ON MICE AND RATS

EMERSON SOLOMON F.: Apex Laboratories Limited, 38, C.P. Ramasamy Road, Alwarpet, Chennai - 600 018, Tamil Nadu.

The ethanolic root extract of *Plumbago rosea* (Plumbaginaceae) was studied for acute toxicity in mice and subacute toxicity in rats. The 24 hr LD 50 values of the extract in mice were 239.88 mg and 1148.15 mg/kg b.wt. for intraperitoneal and oral routes, respectively. Oral administration of doses above 1250 mg/kg produced severe diarrhea. In subacute toxicity studies no mortality was observed when 50 mg/kg of the extract was injected i.p. daily for 30 days; however there was no weight gain in the treated rats. Significant reduction in the weights of liver, kidney, thymus and testes was observed in the male rats, while the spleen weight shows a significant increase from control. The females showed a significant loss in thymus weight and a gain in the weight of the uterus, but the liver and spleen did not show any weight change from the control. There was a significant increases in total WBC and neutrophil counts as well as in the levels of serum alkaline phosphatase and alanine transaminase in both sexes. Similarly, the liver alkaline phosphatase level was significantly higher than control, but a significant reduction was observed in the DNA, RNA and total proteins. Thus, a higher drug dose (total dose of 15 g/kg b.wt) was tolerated in fractionated administration, but it had a growth inhibitory effect in both sexes. The males appear to be more susceptible than females when individual organs are considered.

68. MODULATORY EFFECT OF SOLANUM TRILOBATUM, LINN. AGAINST LITHIUM CARBONATE INDUCED TOXICITY IN RATS

VIJAIMOHAN K. and SHYAMALA DEVI C.S.: Department of Biochemistry and Molecular Biology, University of Madras, Guindy Campus, Chennai - 600 025, Tamil Nadu.

Depression is associated with several psychiatric disorders. Lithium carbonate, an inorganic compound is widely used in the treatment of episodes of manic depressive illness. Long term exposure to lithium carbonate produces toxic side effects. Solanum trilobatum commonly called as Thuduvalai was investigated for its possible protective effect in albino rats against lithium carbonate induced toxicity. Lithium carbonate toxicity was induced for a month (200 mg/kg body weight) in warm drinking water. Post oral administration of chloroform extract of Solanum trilobatum (100 mg/kg body weight for one month) significantly prevented the occurrence of toxic side effects.

This was observed by investigating the antioxidant enzymes and lipid peroxide levels in plasma, liver and kidney. The activities of the antioxidant enzymes such as superoxide dimutase, catalase, glutathione peroxidase, glutathione-s-transferase and the reduced glutathione content were increased with subsequent decrease in the levels of lipid peroxides in Solanum trilobatum treated animals than those treated with lithium carbonate alone. Also these biochemical observations were supported by histological examination. Thus, the results of this study revealed that Solanum trilobatum could offer a protective effect aginst lithium carbonate induced toxicity by enhancing the antioxidant potential in various organs

69. HEPATOPROTECTIVE EFFECT OF BACOPA MONNIERI ON CARBONTETRACHLORIDE INTOXICATED RATS

VIJAYALAKSHMI M., MANONMANI G., GOVINDASAMY¹, BALAKRISHNAN K. and APPARAANANTHAM T².: ¹Department of Biochemistry and Molecular Biology, University of Madras, Guindy Campus, Chennai - 600 025. ²Captain Srinivasamurthy Drug Research Institute for Siddha, Arumbakkam, Chennai - 600 106, Tamil Nadu.

Bacopa monnieri, Linn. (Brahmi: Scrophulariaceae), an Ayurvedic medicine is clinically used for memory enhancing, epilepsy, insomnia and as mild sedative. For the first time the protective effect of alcohol fraction of brahmi has been investigated on acute carbontetrachloride induced liver damage in rats.

Acute hepatotoxicity was induced by intragastric administration of CCl⁴ (4g/kg body weight in olive oil) after seven consecutive days of treatment with alcoholic extract of *Bacopa monnieri* (500 mg/kg body weight in 10% polyethyleneglycol intragastrically). In rats with acute liver injury, *brahmi* extract lowered the activity of alanine aminotransferase, aspartate aminotransferase and alkaline phosphatase in serum and liver homogenate than the CCl⁴ alone administered animals. Also, the protective effect of *brahmi* was observed with an increase in the hepatic glycogen content and a decrease in serum bilirubin concentration.

The observed results exhibited the significant allevitation of the acute hepatic injury to a considerable extent by *Bacopa monnieri*, there by confirming its hepatoprotective effect which may be brought about by the stimulation of hepatic cell regeneration, membrane stabilization and altered mode of detoxification of carbontetrachloride.

70. PRELIMINARY SCREENING FOR BIOLOGICAL ACTIVITY OF AN ESOTERIC SIDDHA MEDICINAL LIQUID *AMURI*

JAI PRAKASH B., SUDHA R¹. and IDA CHRISTI V.E².: ¹Integrated Research Institute in Siddha Medicine, Bangalore - 560 005. ²K.M. College of Pharmacy, Uthangudi, Madurai - 107, Tamil Nadu.

Amuri, muppu and guru are highly acclaimed preparations in Tamil Siddha Tradition. Because of its importance Siddhars have used various synonyms in critic poet language. The sample for the above study was collected from Dr. Suddha & Dr. Jai Prakash in Bangalore. Since Amuri is a new formulation, a preliminary pharmacological screening was undertaken.

Albino rats of the same age were selected and made into four groups each having four animals. Amuri was administered to three different groups in three different doses and one group kept as control. The animals were monitored for twenty days. There was no toxic symptoms observed. The test groups showed mild diuretic activity and increase in physical activity.

71. AERVA LANATA AND VEDIUPPU CHUNNAM IN URINARY STONE RISK IN ALBINO RATS.

BALAMURUGAN R. V. and SIDDIQUE ALI.: Government Siddha Medical College, Chennai - 106, Tamil Nadu.

Aerva lanata decoction and Vediuppu chunnam (a siddha medicine) were evaluated for their activity in urinary stone risk by employing ethylene glycol as the

inductor of lithiasis. These two drugs showed significant activity of negating the activity of ethylene glycol. Albino rats were used.

The assessment was made based on biochemical parameters and histopathological microscopy.

The details will be discussed.

72. TESTICULAR TOXICITY INDUCED BY CHRONIC ENDOSULFAN AND CURE WITH MUCUNA PRURIENS - A BIOCHEMICAL STUDY

SENTHIL KUMAR R., SATHYANARAYANAN G. and JAYARAJ M.: Post Graduate Department of Biochemistry, M.I.E.T. Arts College, Trichy - 620 007, Tamil Nadu.

In mammals, the male reproductive organ is testis. A pair of testes are found outside the abdomen, some what flat, oval bodies, one on each side of the special pouch called scrotum. It may produce millions of spermatozoa by the process of spermatogenesis. The production of sperm has been affected by various environmental factors, such as water pollution, air pollution and i ndustrial pollution. Industrial and water pollutions mainly affect the male reproductive organ. Endosulfan is a cyclodiene group insecticide. It has been widely used in agriculture. As a result of its wide spread use, it can contaminate the environment and may cause a public health hazard. This paper deals with biochemical changes of testis and blood parameter changes of tested animals. Certain plants are rich sources of bio-chemical and chemical compounds which can be curative. Withania sominifera is a medicinal plant. It may cure many diseases and may change the biochemical of living things. However, this plant mainly has a curative effect of male reproductive dysfunction. We shall discuss, the biochemical changes in testis caused by endosulfan and curative effect of Withania sominifera on endosulfan induced toxicity in reproductive system of male.

73. PHARMACOLOGICAL STUDIES ON TREWIA POLYCARPA ROOTS

CHAMUNDEESWARI D¹., VASANTHA J¹., GOPALAKRISHNAN S². and SUKUMAR E.³,: ¹College of Pharmacy, Sri Ramachandra Medical College & Research Institute (Deemed University) Porur, Chennai - 600 116, Tamilnadu, ²Department of Pharmaceutics, Madras Medical College & Research Institute, Chennai - 600 003, Tamilnadu. ³Central Research Institute for Siddha (CCRAS) Arumbakkam, Chennai - 600 106, Tamilnadu.

Trewia polycarpa Benth. (Euphorbiaceae) known as Aanathuvarai or Kaanji in Tamil is used in tradi-

tional systems of medicine in the treatment of gout and rheumatism. The decoction of the shoot is used to treat pain, swelling and flatulence.

The alcoholic extract of *T.polycarpa* roots (TPE) when tested on male albino rats was found to be safe upto a dose of 2.5g/kg body weight. In sub-acute toxicity studies, with different doses of TPE, the biochemical parameters were found to be within normal range except in the highest does (400 mg/kg). Histopathological studies revelaed no serious damage to vital organs such as liver, kidney, stomach and intestine.

The antinociceptive activity of TPE when studied on male albino mice revealed a does-dependent response and it was comparable to that of the standard drug treated group (morphine sulphate, 5.0 mg/kg s.c.) at 200 mg/kg p.o.does.

The anti-inflammatory activity of TPE was assessed by acute and chronic models in albino rats. A does-dependent reduction in inflammation was observed and the effect was significant at the the does of 200mg/kg, when compared with the standard drug, ibuprofen (100mg/kg).

The above results show that the roots of *T.polycarpa* is a safe drug with significant antinociceptive and anti-inflammatory properties as claimed in traditional literature.

74. STUDY OF PHYTO CHEMICAL CONSTITUENTS AND SOME PHARMACOLOGICAL ACTIVITIES OF THE STEM PART EXTRACTS OF AZIMA TETRACANTHA LINN.

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Azima tetracantha Linn. Fam. Salvadoraceae commonly known as Isanku (Tamil) is a straggling shrub with pale almost quadrangular branchlets, growing abundaltly in the dry lands of Madurai in Tamilnadu State. Leaf of this Plant posses anti rheumatic and anti asthmatic activity. Stem bark of this plant posses antidiarrhoeal expectorant and astringent activity. Root of this plant possesses antidiarrhoeal, diuretic and antidropsical activity.

Ether extract of Azima tetracantha Linn. Stem was subjected to extensive phytochemical and pharmacological studies. The column chromatographic fractionation of the ether extract yields terpeniod derivative. It

is purified and idendified by using various, chromatographic, chemical and spectral techniques.

The petroleum ether, chloroform, ethyl acetate and methanol extract of stem part of Azima tetracantha Linn were screened for anti inflammatory and diuretic activity (Dose 250mg and 200mg respectively) against carrageenan induced rat paw oedema and metabolic cages were used respectively and the results were comparable with diclofenac sodium (30mg/kg) and frusemide (20mg/kg) respectively.

The studies confirm the indigenous claims of the said activity for Azima tetracantha Linn in folklore use.

75. STUDIES ON *SIRUTEKKU*, A CONTROVERSIAL PLANT DRUG OF SIDDHA MEDICINE

NARAYANAN N., THIRUGNANASAMBATHAM P., VISWANATHAN S. and SUKUMAR E¹.: Medicinal Chemistry Research Centre, Institute of Pharmacology, Madras Medical College & Research Institute, Chennai - 600 003, Tamilnadu. ¹Central Research Institute for Siddha (CCRAS), Arumbakkam, Chennai - 600 106, Tamilnadu.

Siddha System of Medicine makes use of drugs from natural sources mostly from plant kingdom in treating diseases. Sometimes a plant drug known by one botanical name has various names in a particular vernacular language and vice-versa.

Sirutekku is one such plant-drug, which is equated to Clerodendrum serratum and Premna herbacea of Verbenaceae family. Studies based on its claimed activity favour Sirutekku to be Clerodendrum serratum.

SESSION IX (POSTER)

LITERARY

76. சீதபித்தம் – ஓர் நோய் இயல் பார்வை

அன்னலெட்சுமி ஜி., வேல்விழி எஸ்., மற்றும் ஜோசப் தாஸ் ஜே., : அரசு சித்த மருத்துவக் கல்லூரி, பாளையங்கோட்டை – 627 002, திருநெல்வேலி, தமிழ்நாடு.

ஒவ்வாமையால் வரும் நோய்களில் சீத பித்தமும் ஒன்றாக இருக்க வாய்ப்புள்ளது. சித்த மருத்துவ இலக்கியங்கள் சீதபித்தம் என்ற சொல்லுக்கு பல விளக்கங்களைக் கொடுக்கின்றன. அவற்றில் இருந்து சீதபித்தம் என்பது உடலின் பல பாகங்களில் திடீர் எனத் தடிப்புகள் காணப்பட்டு விரைவில் மறைந்துவிடும் எழுப்பங்களைக் குறிப்பதாகவும் உடம்பின் மேல் வட்டவட்டமாகவும், இரத்த நிறத்தோடு கூடிய தடிப்புகள் அகலமாக எழும்புதல் என்பவற்றைக் குறிப்பதாகவும் தெரிகிறது.

சீதபித்த குறிகுணங்கள் நவீன மருத்துவம் விளக்கும் அர்டிக்கேரியா (Urticaria) என்ற நிலையுடன் ஒத்துப் போவதைப் பார்க்க முடிகிறது.

அர்டிக்கேரியா (Urticaria) என்பது திடீர் என உடலின் மேல் தோன்றி விரைவில் மறைந்துவிடும் நமைச்சலுடன் கூடிய தடிப்புகளைக் குறிக்கும். நவீன மருத்துவத்தில் இது உணவு, உடை மற்றும் பல வகையான ஒவ்வா சூழ்நிலைகளால் ஏற்படுவதாகக் கருதப்படுகிறது.

ஆக சீதபித்தம் என்பது அர்டிக்கேரியா (Urticaria) என நோய் இயல் அடிப்படையில் நிலை நிறுத்தப்படும்போது இதன் பயன் பெரிதாகும்.

77. SIDDHA SYSTEM OF MEDICINE

KRISHNAMURTHI P.S.S.: P.S.S. Krishnamurthi Exports (P) Ltd. C-18 & C - 19A, Sipcot Industrial Complex, Tuticorin - 628 008, Tamilnadu.

The Siddha system of medicine, flourishing in South India since ancient time, integrates the human body and the soul. The ancient Siddhars discovered, preached, practiced and documented this system. The doctrine of Siddha is that the universe consists of five elements (bhootas) - soil (munn), fluid (neer), radiance (thee), gas (vayu) and ether (akasham). The three humours (tridoshas) viz. wind (vatha), bile (pitta) and Kapa (Phlegm) representing air, fire and water of the bhootas, in the body, form the connecting link between microcosm (man) and macrocosm (world). Their imbalance from the normal (vatha 4: pitha 2: kappa 1) due to astral influences, poisonous substances, psychological or spiritual factors causes diseases. Medicines prepared from herbs, minerals and metals (also contain the bhootas/ tridoshas), set right the imbalance by addition, reduction and neutralization.

The diagnosis is done by the examination of pulse (nadi), touch (sparisam), tongue (naa), colour (niram), speech (mozhi), eyes (vizhi), face (mugham) & urine (moothiram). Based on the above 8 factors, ancient siddhars classified diseases into 4448 varieties and elaborately described their etiology, symptoms and treatment. The materia medica contains 11 metals, 64 mercurials (pashanams), 120 salts and minerals (uparasams) and animal products. The pharmacheutical preparations include calcinated metals/ minerals (bhasma), powder (chruna), decoction (kashaya), confection (lehya), ghee (grita) and oil (taila). Besides medicine, siddha treatment combines alchemy (kayakalpa), yoga and varma. Varma describes various fractures and their cures.

The Central and Tamilnadu Government are sincerely promoting Siddha to provide an affordable health care system. Siddha system is opening new vistas in social forestry, water treatment, vasthu shastra, biopesticides, veterinary medicine, astrology and herbal cosmetics.

78. PRELIMINARY STUDIES ON A SIDDHA KAYAKARPAM PREPARATION-AMURI

SUGANTHEE P¹., JAI PRAKASH B., and SUDHA²: ¹K.M. College of Pharmacy, Madurai - 625 107, Tamilnadu. ²Integrated Research Institute in Siddha Medicine, Bangalore, Karnataka.

Rejuvenation therapy in Siddha system is called KAYAKARPAM and KARPASADANAI, i.e. the bestowing of Longevity which is attained through Karpa-Avizhtham (Karpa medicine) and Karpayogam (regimens of life). Many karpa drugs of herbal, minaral, metal and zoological orgins are extensively described in many of the Siddha Literature. In this work, one such drug called Amuri is taken up for investigation.

The obscure nature of the recordings which used various contextual synonyms misleads the very identity of *Amuri*. The present paper gives a report of the published and unpublished reports on *Amuri* and the preliminary evaluation of the product.

PHARMACOGNOSY

79. PHARMACOGNOSTICAL, PHYTOCHEMICAL AND PHARMACOLOGICAL STUDIES ON COMMIPHORA BERRYI (ARN.) ENGLOR, BARK.

CHANDRASEKARAN K., SANGEETHA M., STEPHEN AMBROSE, RAJAN MATHEW J., DWARAKANATH R.S. and RAJASEKAR S.: Department of Pharmacognosy, Swamy Vivekanandha College of Pharmacy, Tiruchengode - 637 205, Tamil Nadu.

Commiphora berryi is a widely grown plant of Erode District and the natives of Bhavani taluk of Tamilnadu are using this bark in the treatment of ulcers. Pharmacognostical, phytochemical and pharmacological studies were carried out on bark, Pharmacognostical studies reveal the presence of sclerenchyma in between cortex and secondary phloem and the presence of calcium oxalate crystals, starch grains in phloem parenchyma region, characteristic feature of this plant. The phytochemical investigation shows the presence of phytosterols, triterpenoids, carbohydrates, proteins, gums and mucilage's, tannins and phenolic compounds

in petroleum ether, chloroform, methanol and aqvous extracts respectively. An ideal solvent system was found out. chloroform: ethyl acetate in the ratio of 1:1 for the methanolic extract by performing thin layer chromatography.

The methanolic bark extract of *Commiphora berryi* having significant anti ulcer effect by stress induced ulceration method on albino rats compared with standard ranitidine.

80. PHARMACOGNOSTIC PROFILE OF CHICORY LEAVES

SUDHARMA K., RAO K.N.V., SHANMUGANATHAN S., BAVITHRAN V., and ANURADHA Y.: College of Pharmacy, SRMC & RI (DU), Porur, Chennai - 600 116, Tamil Nadu.

Cichorium intybus (Linn). of family compositae is a popular drug. It is known as chicori and its all parts are widely used for many conditions like throat inflammation, enlargement of spleen, fever, diarrhoea, headache, edema, pain in joints and as blood purifier, braintonic, appetizer and in asthma in Indian Systems of Medicine. Because of its wide therapeutic applications, the present work was carried out to study the pharmacognostic features, phytochemical screening, antibacterial activity of chicory leaf.

Anatomical studies reveal the absence of palisades in mesophyll (character of monocot plants) presence of large vacuoles, large hairs on lower midrib, a latex cell above the vascular bundles, anisocytic type of stomata and calcium oxalate crystals.

Sesquiterpene lactones, sterols, sugars are present in aqueous extract of leaf. The aqueous extract exhibited good antibacterial activity against both grampositive, gram negative microbes and fungi at 30mg (E.coli, P. auregenosa, K. pneumonia, pneumococci, S. pyogens, C.albicans and A.nigar).

CULTIVATION OF MEDICINAL PLANTS

81. INFLUENCE OF NITROGEN ON BIOMASS PRO-DUCTION IN IRRIGATED SENNA

ARUMUGAM T., DORAIPANDIAN A., PREMALAKSHMI V., ANEESA RANI and VIJAYAKUMAR: M. Department of Floriculture & Landscaping, Horticultural College & Res.Instt. Tamilnadu Agricultural University, Coimbatore - 641 003, Tamilnadu.

An investigation was carried out to study the influence of graded levels of N on biomass production in senna (Cassia angustifolia. Vahl.) under irrigated condition. The results revealed that the treatments involving higher dose of nitrogen (112.5 kg/ha) coupled with foliar spray of DAP (2%), Ethrel (50 ppm) and Azospirillum (2 kgha⁻¹) recorded the highest dryleaf yield of 2739 kg/ha. The dry pot yield was also significantly increased by the application of nitrogen at 112.5 kg. The increased bio mass yield was attributed to the yield components like plant height., number of branches, number of leaves, leaf area index, fresh weight and dry weight of leaves and pods. Enhanced yield due to Azospirillum inoculation was also attributed to increased uptake of N, P&K.

82. MAXIMIZATION OF ALKALOID YIELD IN SENNA

ARUMUGAM T., DORAIPANDIAN A., PREMALAKSHMI V., VIJAYAKUMAR M. and ANEESA RANI: Department of Floriculture & Landscaping, Horticultural College & Res. Instt., Tamilnadu Agricultural University, Coimbatore - 641 003, Tamilnadu.

Experiments were undertaken in senna (Cassia a ngustifolia. Vahl.) to maximize the alkaloid content in leaf and pods. The results revealed that the treatments involving N at 112.5 kg ha⁻¹ combined with DAP (2%), Ethrel (50ppm) and Azospirillum (2Kg/ha) under irrigated condition yielded 2.20 percent sennocide in leaf and 3.20 percent sennocide content in pods. Under rainfed conditions application of N at 75 kg ha⁻¹ combined with DAP (2%), Ethrel (50 ppm) and Azospirillum resulted in 2.49 percent and 3.24 percent sennocide content in leaf and pods respectively. This study clearly indicated that application of higher dose of nitrogen combined with DAP, Ethrel and Azospirillum, can influence the alkaloid yield at higher level in leaves and pods.

83. ESTIMATION OF PHENOL AND CRUDE EXTRACT FROM GYMNEMA SYLVESTRE

SURYA NARMADA T., VIJAYAKUMAR M., and JAWAHARLAL M.: Department of Floriculture and Landscaping, Horticultural College and Research Institute, Tamilnadu Agricultural University, Coimbatore - 641 003, Tamilnadu.

The results indicated that phenol content was present in all parts of the plant. Among the tissue analysed, brown calli (25.50mg/g) and leaf bits (25.50mg/g) recorded highest phenol content followed by plants

grown in-vitro and stem bit explant (23.50 mg/g), green callus (23.50 mg/g) and the least was recorded in shoot tip explants (20.50 mg/g). the crude extract collected after extracting with acetone was reddish brown for callus sample and dark brown for leaf samples. The crude extract content obtained was higher in dried leaf samples (0.93%) followed by green leaf samples (0.50%) and low in callus samples. The crude extract content in dried callus sample (0.29 %) was higher when compared to green callus samples (06.16%).

84. INDUCTION OF IN-VITRO ROOTING OF GYMNEMA SYLVESTRE

SURYA NARMADA T., VIJAYAKUMAR M., and JAWAHARLAL M.: Department of Floriculture and Landscaping, Horticultural College and Research Institute, Tamilnadu Agricultural University, Coimbatore - 641 003, Tamilnadu.

Half strength MS media with various concentration of IAA and IBA alone or in combination were involved in rooting. IBA (1-4 mg/lit) with IAA (0.1-0.5 mg/lit) were tried. Among the treatments, a higher concentration of IBA (4mg/lit) showed higher rooting percentage (51.67) followed by IBA 3 mg/lit. The number of roots per explant recorded was 3.00 at IBA 4 mg/lit and days taken for rooting was 36 days. When IBA (4 mg/lit) and IAA (0.1-0.5 mg/lit) were tried, IBA (4 mg/lit) and IAA (0.2 mg/lit)gave 15 percent rooting percentage with 1.5 roots per explant in 41.5 day which was often accompanied by yellowing of leaves

85. HARDENING OF IN-VITRO PRODUCED PLANT-LETS OF GYMNEMA SYLVESTRE

SURYA NARMADA T., VIJAYAKUMAR M., and JAWAHARLAL M.: Department of Floriculture and Landscaping, Horticultural College and Research Institute, Tamilnadu Agricultural University, Coimbatore - 641 003, Tamilnadu.

When the plantlets attained a considerable size, they were transferred to hardening chamber. Two types of media viz., san and vermiculite were tried. Considerable extent of in-vivo establishment was observed with both sand (70%) and vermiculite (80%). But the growth was luxurious in vermiculite medium. To this 1/20th of MS medium was supplemented twice a week and the plants were covered with polythene bags to maintain high humidity. Within 15 days, it was better established and transferred to pot with soil, sand, farm yard manure from where it can be taken for field planting.

86. EFFECT OF VARIOUS GROWTH REGULATORS ON MULTIPLE SHOOT INDUCTION FROM DIFFERENT EXPLANTS OF GYMNEMA SYLVESTRE

SURYA NARMADA T., VIJAYAKUMAR M., and JAWAHARLAL M.: Department of Floriculture and Landscaping, Horticultural College and Research Institute, Tamilnadu Agricultural University, Coimbatore - 641 003, Tamilnadu.

The addition of growth regulators to the medium have positive effect on the shoot induction from nodal segments and shoot tip explants. The combination of BAP (3 mg/lit) and NAA (0.5 mg/lit) resulted in 81.67 percent and 55.00 percent survival in case of shoot tips and nodal segments respectively. The MS media supplemented with BAP (3 mg/lit) + Kinetin (0.4 mg/lit) + NAA (0.5 mg/lit) found best for obtaining multiple shoots from shoot tip (2.67 shoots/explant) and nodal segments (3.67 shoots/explant). GA₃ at lower concentration (2 mg/lit) supplemented to the MS basal medium, showed remarkable increase in shoot length of 5.37 cm followed by GA₃ 1 mg/lit (3.43 cm).

87. EFFECT OF ORGANIC ADDITIVES ON MULTIPLE SHOOT INDUCTION IN GYMNEMA SYLVESTRE

SURYA NARMADA T., VIJAYAKUMAR M., and JAWAHARLAL M.: Department of Floriculture and Landscaping, Horticultural College and Research Institute, Tamilnadu Agricultural University, Coimbatore - 641 003, Tamilnadu.

Organic additives like coconut water and ascorbic acid have some effect on growth of the in-vitro plants in addition to the growth regulators. Coconut water at a concentration of 15% v/v with BAP (3 mg/lit), Kinetin (0.4 mg/lit), NAA (0.5 mg/lit) and GA₃ (2 mg/lit) recorded high survival percentage of 98.33 and 93.33 in shoot tip and nodal segments respectively. The same treatment had an impact on shoot induction and shoot length. Ascorbic acid at 100 mg/lit along with BAP (3mg/lit), Kinetin (0.4 mg/lit), NAA (0.5 mg/lit), GA₃ (2 mg/lit) and coconut water (15% v/v) recorded highest survival percentage of 98.67 and 93.33, producing 4.60 and 5.33 shoots per explant of average shoot length of 4.17 and 3.80 cm in 28.0 and 43.33 days for shoot tip and nodal segment explants respectively.

88. INVESTIGATION ON SIZE OF STOMATA IN SOME ACCESSIONS OF GYMNEMA (GYMNEMA SYLVESTRE)

BEAULAH A., VADIVEL E. and RAJADURAI K.R.: Horticultural College and Research Institute, Tamilnadu Agricultural University, Coimbatore - 641 003, Tamilnadu.

Gymnema sylvestre belongs to the family Asclepiadaceae. It is a woody vine like plant which climbs on bushes and trees. The effencicy of leaf powder of Gymnema sylvestre in checking Diabetes mellitus is a common metabolic disorders of human beings. The important active ingredient of Gymnema sylvestre is an organic acid called Gymnemic acid. The present study was taken up to find out the stomatal size of different accessions of Gymnema. The Accession which are all included in this study are Anaikatti, Coimbatore, Yercaud, Vellanikara, Neelambur and Pallatheri. Mature leaves were collected at random between 10.00 AM to 10.30 AM each accessions and utilized for stomatal densities. The potassium dichromate method was employed to obtaining the epidermal peelings. The peels of the epidermis obtained were mounted in lactophenol after staining with acetocarmine. The highest length of stomata was found in the accession Vellanikara, (283.30µ). The increased breadth of stomata was observed in Yercaud (156, 44µ). The least length stomata was recorded in the occesion Pallatheri (150.00µ). Where as the least breath of stomata. was observed in Vellanikara (110.25μ) .

89. STUDIES ON STOMATAL CHARACTERS ON SOME ACCESSIONS OF GYMNEMA (GYMNEMA SYLVESTRE)

BEAULAH A., VADIVEL E. and RAJADURAI K.R.: Horticultural College and Research Institute, Tamilnadu Agricultural University, Coimbatore - 641 003, Tamilnadu.

Gymnema sylvestre belongs to the family Asclepiadaceae. It is a woody vine like plant which climbs on bushes and trees. The effencicy of leaf powder of Gymnema sylvestre in checking Diabetes mellitus is a common metabolic disorders of human beings. The important active ingredient of Gymnema sylvestre is an organic acid called Gymnemic acid. The present study was taken up to find out the stomatal density of different accessions of Gymnema. The Accession which are all included in this study are Pallakadu, Karadimalai, Pollachi, Kanjicode, Kumbakarai and Panniyur. Mature leaves were collected at random between 10.00 AM to 10.30 AM in each accessions and utilized for stomatal densities. The potassium dichromate method was mounted in lactophenol after staining with acetocarmine. In the upper surface the highest number of stomata found the accession (Panniyur) 73.88/mm², followed by (Palkadu) 68.88mm². The least no. of stomata was found in the accession (Pollachi) 39.47/mm². Where as in the lower surface the highest number of stomata found the accession (Panniyur) 406.66/mm², followed by (Kumbakarai) 346.66/mm². The least no.of stomata was found in the accession (Pollachi) 190.00/mm². Normally lower surface having more number of stomata than upper surface.

90. STUDIES ON STOMATAL SIZE ON SOME ACCESSIONS OF GYMNEMA (GYMNEMA SYLVESTRE)

BEAULAH A., VADIVEL E. and RAJADURAI K.R.: Horticultural College and Research Institute, Tamilnadu Agricultural University, Coimbatore - 641 003, Tamilnadu.

Gymnema sylvestre belongs to the family Asclepiadaceae. It is a woody vine like plant which climbs on bushes and trees. The effencicy of leaf powder of Gymnema sylvestre in checking Diabetes mellitus is a common metabolic disorders of human beings. The important active ingredient of Gymnema sylvestre is an organic acid called Gymnemic acid. The present study was taken up to find out the stomatal density of different accessions of Gymnema. The Accession which are all included in this study are Pallakadu, Karadimalai, Pollachi, Kanjicode, Kumbakarai and Panniyur. Mature leaves were collected at random between 10.00 AM to 10.30 AM in each accessions and utilized for stomatal densities. The potassium dichromate method was mounted in lactophenol after staining with acetocarmine. The highest length and breadth of stomata was found in the accession Pollachi, 154.35µ and 66.82µ respectively. The least length and breadth of stomata was recorded in the accession Panniyur, 93.10μ and 49.00μ.

SESSION X

CLINICAL

91. நீரழிவு நோய்க்கு சித்த பரிகாரம் ஒர் மருத்துவ ஆய்வு

கிருஷ்ணகுமார் எஸ்.டி.: நஞ்சு நூலும் மற்றும் மருத்துவ நீதி நூலும் துறை, பட்ட மேற்படிப்பு நிலையம், அரசு சித்த மருத்துவக் கல்லூரி, பாளையங்கோட்டை – 627 002, தமிழ்நாடு.

இளையான்குடி அரசு மருத்துவ மனையில் சித்த மருத்துவப் பிரிவில் நீரிழிவு நோயில் மேற்கொள்ளப்பட்ட மருத்துவ ஆய்வின் சுருக்கம். இன்சுலின் சார்ந்த மற்றும் இன்சுலின் சாரா இருவகை நோயாளிகளும் இந்த ஆய்வில் பங்கு கொண்டனர். குருதியில் சர்க்கரையின் அளவு போன்ற தேவையான ஆய்வு நிலைய சோதனைகள் செய்யப்பட்டன. பின்பு தேர்வு செய்யப்பட்ட நோயாளிகளுக்கு 1. திரிபலாசூரணம், அப்பிரகச் செந்தூரம், சீந்தில் சர்க்கரை, அன்னபேதி செந்ததூரம் என்ற கூட்டு மருந்தும் 2. நில

வேம்புக்குடிநீர், 3. அமுக்கிரா சூர்ணம் மாத்திரை முதலிய மருந்துகளும் இந்த ஆய்வில் பயன்படுத்தப்பட்டன. தேவையான உணவுக்கட்டுப்பாடு மற்றும் உடற்பயிற்சிகள் நீரிழிவு நோயினர்க்கு அறிவுறுத்தப்பட்டன. சுமார் 1 வருடம் நடந்த இந்த ஆய்வில் 36 நோயாளிகள் பயன்பெற்றனர். இவர்களில் 11 பேர்களில் குருதியில் சர்க்கரை அளவு விரைவாக தன்னிலை அடைந்தது. இவர்கள் இன்னமும் மருத்துவத்தை தொடர்கிறார்கள். 8 பேர்களில் நோய்க் குறிகுணங்கள் மற்றும் சர்க்கரை அளவு மிதமான அளவில் கட்டுப்பாட்டில் வந்தது. 12 பேர் இச்சோதனையிலிருந்து அவ்வப்பொழுது விலகிவிட்டனர். 5 பேர் தற்பொழுது எந்த மருந்தும் எடுக்காமல், உணவு மற்றும் உடற்பயிற்சியின் மூலம் குருதியில் சர்க்கரையின் அளவை கட்டுப்படுத்தி உள்ளனர்.

92. கன்னப்புற்று BUCCAL CANCER

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பன்நெடுங்காலத்திற்கு முன்பு சித்தர்கள் தம் ஞான திருஷ்டியால் கண்டறிந்து நோய்களையும், அவற்றிற்கான மருந்துகளையும் கூறிச் சென்றுள்ளனர். ஸ்கேன் (Scan) போன்ற நவீன கருவிகள் இல்லா அக்காலத்தில் உள்உறுப்பு களின் குறைபாடுகளையும், அவற்றை நீக்கும், மூலிகை, தாது, ஜீவ பொருட்களையும் கூறினர்.

நம் எளிய சித்த மருந்துகளே புத்து நோய் போன்றவற்றை நீக்கும் ஆற்றலை உணர்த்துதல், மருத்துவர்கள் நோய் தீர்த்த தற்கான சான்றுகளை தம்முன் வைத்துக் கொள்ளல், அதன் மூலம் பொதுமக்களிடம் சித்த மருத்துவத்தின் நோய் தீர்க்கும் ஆற்றலை நிரூபித்தல், கன்னப்புற்று உண்டாகி அதில் உண்டான, நோய் குறி குணங்களையும், நோய் தீர்த்த மருந்துகளையும், பத்தியம் இவற்றையும் இக்கட்டுரையின் கீழ் காணலாம்.

93. ANTIOXIDANT EFFECT OF *LIV. 100* IN CHRONIC SMOKERS

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A study was conducted to determine the antioxidant property of Liv. 100 in chronic smokers. The generation of free radicals are more and the levels of antioxidants were less in chronic smokers of age group between 30-55 years, who smoked a minimum of 19 cigarettes a day for more than 10 years. The levels of antioxidants, reduced glutathione (GSH) and vitamin E were significantly reduced in chronic smokers. Liv. 100 is a product of Himalaya Drug Company Pvt. Ltd. India, is a

modified formulation of Liv. 52, a powerful and popular hepatic stimulant. Liv. 100 is a play herbal preparation composed on *Cichorium intybus*, *Solanum nigrum*, *Phyllanthus amarus*, *Picrorrhiza kurroa* and *Embelia ribes* in the ratio of 5:3.75:2.62:2:1. Supplemented with Liv. 100 (2g/day for 21 days), the levels were reverted to near normal in chronic smokers. It is suggested that the observed results might be due to the antioxidant property of Liv. 100 on the erythrocytes by impairing the free radical generation.

94. THE 3'D FORMULA - THE UNIQUE FEATURE OF SIDDHA

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Siddha system of medicine, the heritage of the Tamils, is the system for all ages - chronological and physiological. This greatest medical legacy has contributed many things for humanity ie. from cradle to graveyard, paediatrics to geriatrics and its fundamentals hold good even today.

This paper details the most vital contribution of the Siddh the 3D formula - Diet, Daily routine and Drug. Diet and dietary modifications advised by ancient Siddh in addition to the healthy daily routine obviously lead to a drugless & healthy life. Certain details on the role of diet, in the management of some important diseases and the unique Siddha therapeutics, with its special features are discussed with suitable illustrations. Literary evidences too, are incorporated to reiterate Siddha is the system for all ages undoubtedly and is going to be only source for Health for all schemes in the future.

95. நாட்பட்ட நோய்களுக்கு சித்த மருத்துவம் செய்வதில் சில சிக்கல்கள்

விஜயபாஸ்கர் ஜி: குழந்தைகள் மருத்துவ துறை, அரசு சித்த மருத்துவக் கல்லூரி, பாளையங்கோட்டை - 627 002, தமிழ்நாடு.

நாட்பட்ட நோய்களுக்கு கொடுக்கப்படும் மருந்து நாளாகும் போது மருந்தின் அளவைக் கூட்டினாலும் போதிய பயன் தராமையைக் காண்கிறோம். இந்நிலையில் அம்மருந்தை நிறுத்தி அதே நோய்க்கு கொடுக்கக் கூடிய வேறொரு மருந்தைக் கொடுக்கும் போது நோய் கட்டுப்பாட்டுக்கு வருகிறது. இம் மருந்தும் நாளாவட்டத்தில் அளவைக் கூட்டினாலும் பயனற்றுப் போகிறது. இப்போது முதலில் கொடுத்த மருந்தை திரும்ப கொடுக்கும் போது, அது தேவையான பயனை தருவதை காண்கின்றோம். நீரழிவு, காளாஞ்சகப்படை போன்ற நாட்பட்ட நோய்களுக்கு மருத்துவம் செய்யும் போது இத்தகைய இடர்பாடுகளை நாம் சந்திக்க வேண்டி உள்ளது. இவற்றை தவிர்த்து பக்க விளைவுகளற்ற செயல்திறன் மிக்க மருத்துவத்தை செய்வதற்கு சிலவழிகள் உள்ளன. அவற்றுள் சில.

20 நீரழிவு நோயாளிகளுக்கு முதலில் ஆவாரம் பூ சூரணம் கொடுக்கப்பட்டது. இது நன்றாக செயல்பட்ட போதிலும், பின்னர் அதன் செயல்திறன் மருந்தின் அளவை இருமடங்காக்கின போதும் எதிர்பார்த்த அளவு இல்லை. பின்பு மதுமேக சூரணம் கொடுக்கப்பட்டது. இதுவும் முதலில் நன்றாக செயல்பட்டபோதும், நாட்பட மருந்தின் அளவை இரு மடங்காக்கின போதும் அதன் செயல்திறன் எதிர்பார்த்த அளவு இல்லை. எதிர்பாராதவிதமாக முதலில் கொடுத்த ஆவாரம் பூ சூரணத்தை கொடுக்கும் போது நன்றாக செயல்புரிந்தது.

10 காளாஞ்சகப்படை நோயாளிகளுக்கு பறங்கிப்பட்டை குரணமும், வெட்பாலைத் தைலமும் கொடுக்கப்பட்டது. இது முதலில் சில மாதங்களுக்கு நன்றாக செயல்பட்ட போதிலும் பின்னர் மருந்தின் அளவைக் கூட்டினபோதும் எதிர்பார்த்த அளவு செயல்திறன் இல்லை. அப்போது அவுரி வேர் கசாயம் உள்ளுக்கும் வெட்பாலை, புங்கத்தைலம் வெளியாட்சிக்கும் வழங்கப்பட்டது. இந்த மருந்துகளும் முதல் இரண்டு மாதம் நன்றாக செயல்திறன் பெற்றிருந்த போதும் நாட்பட இவற்றின் அளவை அதிகரித்தும் எதிர்பார்த்த அளவு செயல்திறன் இல்லை. இப்போது முதன்முதலில் கொடுத்த பறங்கிப்பட்டை குரணமும் வெட்பாலைத் தைலமும் வழங்கிய போது அதற்கு நல்ல செயல்திறன் காணப்பட்டது.

இவற்றின் அடிப்படை கருத்துக்கள் இக்கட்டுரையில் விளக்கப்படும்.

96. CLINICAL TRIAL OF AVARAI KUDINEER AND SOME SIDDHA DRUGS IN THE MANAGEMENT OF NEERLZIVU

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Neeizhive otherwise known as Madhumegam in Siddha Medicine is a chronic metabolic disorder characterised by persistant hyperglycemia. This condition is equivated with Diabetes mellitus in modern medicine. Symptom wise it is characterised by polydypsia, polyphagia and polyurea. As per Siddha medicine this debilitating disease affects the 7 vital thathus namely body fluid, blood, flesh, muscle, bone, bone marrow and vital fluid. One among the best receipts for this disease namely Aavaraikudineer is given by Therayir in his Kudineer 100. A combination of Kadukkaithol, Thantrikaithol Nellivartal, Manjal and Silasathu parpem was given along with the Kudineer in proven cases of Neerizivu. A preliminary clinical trail conducted by the author reveals the efficacy of this preparation.

97. KUNGILIYA PARPAM A SIDDHA DRUG IN DIA-BETIC ULCER

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Kungiliya parpam a traditional Siddha preparation is indicated in urinary tract conditions due to various etiology. The authors clinical experience finds a hitherto unknown use of the drug. Kungiliya parpam when used in treating chronic ulcers seem to speed up the healing process. Kungiliya parpam is prepared from Shorea robusta gum.

In diabetic like chronic ulcers when given internally along with other drugs and measures usually given in such conditions a remarkable response in the healing of ulcers is seen by the author. A controlled clinical trial is needed to establish the thereauptic efficacy of the drug.

98. A SIDDHA COMBINATION IN TREATMENT OF MALE INFERTILITY

JOSEPH THAS J.: Dept. of Pharmacology, Post Graduate Centre, Govt. Siddha Medical College, Palayamkottai - 627 002, Tirunelveli, Tamilnadu.

Many causes are attributed to male infertility. One among them is oligospermia, where the sperm count is less than adequate to effect fertility. In some men where sperm count is sufficient, the viability of the sperm is inadequate. In these cases often the sperms are either dead or less motile.

The author has found that Aswagandha legyam and Ayakantha chendooram when given in appropriate doses the condition vastly improves. This is explained with clinical data.

SESSION XI

PHARMOCOLOGY AND MICROBI-OLOGY

99. A PHARAMOCOLOGICAL STUDY ON SIVA KARANTHAI (SPHAERANTHUS AMARANTHOIDES BURM.F.)

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tre, Thirukurungudi. Tamilnadu. ²Department of Pharmacology, Post-Graduate Studies and Research Centre, Govt. Siddha Medical College, Tirunelveli - 627 002, Tamilnadu.

The drug Sivakaranthai consists of the whole plant of Sphaeranthus amaranthoides Burm.f of the family compositae. There is literary evidence to suggest that this drug was in vogue since ancient Tamil Sangam period. In the present day Siddha practice it is used by a few vaidyas for its rejuvenating property. As per Siddha Medicine it is an antiemetic, appetizer, capable of removing disgust for food. It is also mentioned as useful in rheumatism and in skin conditions. In the present study, shade dried whole plant powder was usded in 200mg /100mg oral dose in rats. The drug produced an inhibition of 10% in carregeenin induced edema. As per cotton pellet granuloma method the drug in the same dose showed 13% anti-inflammatory activity. The drug did not exhibit any significant antipyretic action in yeast induced hyperthermic rats.

100. PHARMACOLOGICAL STUDIES ON SIVANAR VEMBU, A REPUTED DRUG OF SIDDHA MEDICINE

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Sivanar Vembu (Indigofera aspalathoides) is used in Siddha Medicine in the treatment of variety of diseases. The alcoholic extract of the whole plant was subjected to acute toxicity test, analgesic activity, effect on normal body temperature, spontaneous motor activity in experimental animals. Results showed that LD50 was 250 mg/kg in mice. Administration of a single does of the extract did not show any significant fall in the normal body temperature.

The extract also exhibited good analgesic activity, showed increase in spontaneous motor activity as well as the total counts in the rota-rod test besides showing significant antipyretic and varying degree of antimicrobial activities.

101. EFFECT OF BARK EXTRACT OF FICUS RELIGIOSA (LIN.) ON MALE MICE

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People believe that the bark and leaf of Ficus

religiosa tree cure many diseases including infertility. Therefore the present work is designed to understand the effect of bark extract of Ficus religiosa on male mice. Petroleum ether extract of bark of Ficus religiosa were prepared by Soxhlet appartus method. These extracts were orally administrated to different groups of male swiss mice for a period of 21 days with daily dose of 400mg/kg body weight. On 22nd day, the mice were sacrificed for biochemical and histological analysis. The protein concentration of different tissues, liver, kidney and testis were considerably increased and the hormone testosterone and histopathalogical studies showed signigicant variations.

102. ANTI - ACTIVITY OF INDIAN SQUILL

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Twenty chromosomal races of Indian squill, Urginea indica Kunth. werd detected for their anti-fungal, anti-cancer and to insecticidal activity. Crude bulb extract, basic in nature was found to be a potent inhibitor to the growth of Aspergillus niger, A. flavus, Fusarium oxysporum and to Collectotrichum spp. The anti-fungal proteins have been fractionated through sephadex G100 and the Major Peaks showing anti-fungal activity has been detected. The wild weed extracts showed anti-cancer activity against GC3/C1 strain. KBChR-8-5 and to KB-3-1 strain. The aqueous bulb extract also showed insecticidal activity against Aedes Larvae (4th instar) acting as mosquito larvicides. Systematic and preliminary population screening studies have been performed in twenty different population of U.indica. Population three showing anti-activity are discussed for stimulating further research.

103. ANTIBACTERIAL ACTIVITY OF THE MEDICINAL PLANT THOTTEA SILIQUOSA (LAM.) DING HOU.

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The present investigation was aimed to study the antibacterial activity of the medicinal plant *Thottea siliquosa* belongs to the family Aristolochiaceae. Four different solvents and water were used to extract bioactive principles. The level of inhibitory activity varies widely on different bacterial species for different solvent and water extracts of *Thottea siliquosa* plants.

The methanol and acctone extracts of leaf, root and stem had inhibited the growth of all the test microorganisms. All organisms were sensitive to all extracts.

Benzene extracts of root exhibited antibacterial activity against *Pseudomonas aeruginosa* and *Solmonella typhimurium* but *Proteus* sps. was not inhibited. The extracts of stem had also inhibitory action against *Pseudomonas aeruginosa* and *Proteus sps.* whereas *Solmonella typhimurium* was the most resistant one. The extracts of leaf had no antibacterial activity against all the three micrororganisms.

Chloroform extracts of stem exhibited antibacterial activity against *Pseudomonas aeruginosa* whereas *Solmonella typhimurium* and *Proteus* sps. were not inhibited.

Water extracts of root, leaf and stem had no activity. *Pseudomonas aerginosa*, *Solmonella typhimurium* and *Proteus sps.* were the most resistant one.

In conclusion, since the present study of antibacterial activity of the plant part extracts of the *Thottea siliquosa* alone was the main objective, the detection of bioactive compounds could not be tried. Although the tested plant extracts did contain antibacterial constitutents, further phytochemical and pharmacognostical studies will be necessary to isolate the active constituents and evaluate the antibacterial activity against a wide range of microorganisms.

104. IN VITRO STUDIES ON ANTIBACTERIAL ACTIVITIES OF COLEUS AROMATICUS LINN

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In India, herbal extracts have been the basis of treatment and cure for various diseases and physiological conditions in traditional methods. Certain plants and vegetables contain some active principles in their extracts, which have an inhibiting action towards bacteria, which are normally present in the leaves, roots, barks, flowers and seeds of the plants (Ahmed et al. 1998).

Many of the common medicinal plants would constitute a fertile source of such substances has been shown in some contribution. Angiospermic plants are store houses of effective chemotherapeutants and results of biological screening of these for a wide range of activities proved that these can be used for treating diseases like asthma, cholera, diarrhoea, dysentry, dermalogical infection, intestinal disorders, ulcers and

uraemia (Abrahim et al., 1986; Grayer and Harbone, 1994 and Ali et al 1995). This study is aimed to detect the antibacterial activities of crude extracts of *Coleus aromaticus* against pathogenic bacteria.

105. PREPARATION AND ANTIBACTERIAL SCREEN-ING OF NUTSHELL CONDENSATE OF *COCUS NUCI* FERA (ARECACEAE) A SIDDHA MEDICINE

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Cocos nucifera Linn belonging to Family Palmae/ Arecaceae is a tree which is cultivated throughout India for its fruits which are used for commercial purposes and are also edible. All the parts of the tree posses wide range of medicinal properties.

In Siddha medicine, the nut shell condensate is used in coconut oil medium for external dermal application like conditions of ring worm infections, wound healing etc.

The present work involves preparation of condensate (15%) from nut shells and screening for anti-bacterial activity.

Eight species of human pathogenic bacteria (both gram positive and gram negative) were inoculated on solidified enriched media in a petridish and slants in test tubes prefilled with various concentrations of condensate. In petridish, 4mm (dia) wells were filled with 0.3 ml of condensate.

The plates and tubes were incubated at 27 degree centigrade. The zone of inhibition in the petridish and extent of growth inhibition (by density) in the test tubes were measured. In the cup-plate method (0.3ml), test tube dilutions (0.5ml), the condensate exhibited significant activity against *Streptococcus pyogens*, *Klebsilla pneumonia*, *Cornybacterium diptheria*. At 1ml test tube concentration growth of *Escherichia coli*, *Streptococcus pyogens* was completely inhibited.

The findings, though preliminary in nature, are very interesting, as both gram positive and gram negative bacteria are inhibited. As the raw material is cheap and abundantly available, it is worth studying for the wound healing properties of the same.

Surprisingly, at 0.5ml test tube concentration the condensate was found to have antigelling properties.

106. THE ANTIBACTERIAL EFFECT OF GARLIC WITH STAPHYLOCOCCUS, STREPTOCOCCUS, DIPHTHE-RIA, PSEUDOMONAS, E.COLI AND SLAMONELLA

SATHYANARAYANAN G., SENTHILKUMAR R. and ELEKKUVAN R.: Department of Microbiology, M.I.E.T. Arts College, Trichy - 620 007, Tamil Nadu.

Garlic (Allium sativam) is a bulb crop. It comes under the family Lilliaceae. The garlic has been used for medicial reasons. It has been used to protect against infections, cold, wound, asthma, pneumonia and intestinal infections. The garlic has the predominant effect with microbes. Garlic is most effective for the respiratory tract infection and used successfully to treat common intestinal parasite such as ascaris and oxyuris Modern research has confirmed these of antimicrobial, antibacterial, antiviral, antifungal and anticancer effects. The garlic has the allicin, allin, thiosulfinate, and sulfur containing amino acids. The allicin itself is liberated from the substrate allin by the action of allinaze enzyme at the time of crushing otherwise the allicin is inactive form in Garlic. Allicin gives odour and taste to garlic and also it inhibits the growth of bacteria, fungal and virus. From this study, the garlic syrup was tested with Staphylococcus, Streptococcus, Pseudomonas, Salmonella, Diphtheria and E.coli. This garlic syrup gives appropriate result with above bacterial organisms. The garlic inhibitory effect is more in Pseudomonas than in others.

107. STUDY OF ANTINFUNGAL EFFECT OF THE ROOT BARK OF *PONGAMIA PINNATA* LINN

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Pongamia pinnata Linn., Fabaceae is a common tree growing all over India. It is an ancient drug used elaborately in Indian system of Medicine like Siddha, Ayurvedha and Unani for various diseases like Cold, Cough, Fever, Eczema etc. The antifungal effect of the oil of the seed of Pongamia Pinnata (Punga oil) had also been reported. The current study is focussed on the antifungal effect of the inner bark of Pongamia Pinnata. It was screened for antifungal effect against Candida albicans and Aspergillus flavans by using Agar disc method on Sabouraud dextrose (SDA) Medium. The screening study reports that the fresh juice of the inner root bark of Pongamia Pinnata has antifungal effect on Candida albicans in all concentration and on Aspergillus flavous only in high concentration.

108. DETECTION OF ANTIBACTERIAL ACTIVITY OF SOME FLOWERS & SPICES

ANBALAGAN S. and ANAND R¹., RAJA SEKAR PANDIAN M². and JOHN PRABAKARAN J³.: ¹Dept. of Microbiology, Muthayammal College of Arts & Science, Kakkaveri, Rasipuram TK. Namakkal Dt, Tamilnadu. ²Dept of Bio technology, Muthayammal College of Arts & Science, Kakkaveri, Rasipuram TK. Namakkal Dt, Tamilnadu. ³Dept. of Microbiology, Vivekananda College, Tiruchengode, Tamilnadu.

Use of traditional medicine was practised from the olden days. Currently it attained remarkable status in curing microbial diseases of man. The antimicrobial properties of methanol extracts of medicinal plant samples (flowers & spices) were investigated against 8 infectious bacterial strains isolated from clinical samples. The medicinal plant samples employed for the present test include Nerium odorum (sevvaraly), Hibiscus rosasinensis (Chembarauthi), Rosa indica (Roja), Cassia auriculata (Avaram), Tridax procumbens (Kenathu poondu), Nerium indicum (Vellaraly), Chrysanthemum segetum (Chamandhi), Musa paradisiaca (Vaazhi) & Illicium verum (Annasi Mokku) Capparis spinosa (Marrati Mokku), Syzygium aromatricum (Grambu) Cuminum cyminum (Jeerahum) and Piper nigrum (Milagu).

109. ANTI MICROBIAL ACTIVITY OF VARIOUS EXTRACTS OF ASPARAGUS RECEMOSUS

PITCHIAH KUMAR M¹., SUBASH CHANDRAN G²., SUJATHA N. and PALANIAPPAN R.³,: ¹Pharmacy, Govt. Siddha Medical College, Palayamkottai - 627 002, Tirunelveli, Tamilnadu. ²Siddha Wing, Govt. Primary Health Centre, Thirukurungudi, Tamilnadu. ³P.G. Dept. of Microbiology S.P.K. College, Alwarkuruchi, Tamil Nadu.

Asparagus racemosus was localy known as Thanner vittan kilangu in South India. In Noth India this plant is known as Shathaveri. This popularly known plant was used as demulcent for various ailments in Ancient Siddha Medicine.

The plant was extracted in various organic solvents like methanol, ethanol, acetone, chloroform methanol chloroform methanol extracts showed antibacterial sensitivity against the following pathogenic micro organisms viz., Escherchia coli, Aeromonas sp., Micrococcus sp., Bacillus thuringiensis, Pseudomonas sp., Citrobacter sp., Candida albicans. Acetone extracts of the same plant were found to be sensitive against the following pathogenic micro organisms viz., Bacillus thuringiensis, Pseudomonas sp., Salmonella typhi and

Citrobacter sp, Methanol extracts of Aspragus racemosus was found to be sensitive against the following pathogenic micro organisms viz., Enterobacter sp., Pseudomonas sp and Citrobacter sp, ethanol extract of the same plant was found to be sensitive against Micro coccus, Bacillus thuringiensis, Enterobacter sp., Citrobacter sp and Klebsiella sp.

In this present study the general observation was that the soxhlet solvent extracts were more effective in the process of inhibition, when compared with other crude extracts.

110. ANTI MICROBIAL ACTIVITY OF VARIOUS EXTRACTS OF SPHAERANTHUS INDICUS

JUSTUS ANTONY S¹., SUBASH CHANDRAN G²., SUJATHA N. and PALANIAPPAN R.³, : ¹Dept. of Maruthuvam, Govt. Siddha Medical College, Palayamkottai, Tirunelveli, Tamilnadu. ²Siddha Wing, Govt. Primary Health Centre, Thirukurungudi, Tamilnadu. ³P.G. Dept. of Microbiology S.P.K. College, Awlarkuruchi, Tamil Nadu.

Sphaeranthus indicus is localy known as Venkaranthai in South India. This plant was used as a solitary remedy for Immunosuppressive ailments in Ancient Indian Folk Medicine. This plant is available in the plains of South India.

The plant was extracted in various organic solvents like choloroform, methanol, acetone, chloroform methanol. Chloroform and chloroform methanol extracts showed antibacterial sensitivity against the following pathogenic: microorganisms viz., Escherchia coli, Aeromonas sp, Micrococcus sp, Bacillus thuringiensis, Enterobactor sp, Salmanella typhi, Staphyloccussplazen, Citrobacter sp, Candida albicans, Klebsiella sp but methanol and acetone extracts of the same plant were found to be no sensitive.

In this present study the general observation was that the soxhlet solvent extracts were more effective in the process of inhibition, compared with other crude extracts.

SESSION XII (POSTER)

PHARMOCOLOGY

111. TOXICITY STUDIES OF INSRI VEECE INJECTION FOR TREATMENT OF AIDS/HIV

BADMANABAN R., JAI PRAKASH B., MOORTHY P. and PANDIAN K.G.M².: ¹K.M. College of Pharmacy

Uthangudi, Madurai 107, Tamil Nadu. ²International Naveen Siddha Research Institute (INSRI), Bangalore, Karnataka.

There are several texts in Siddha system explaining the composition of blood and the role of its various components. The leycocytes and their role in defence mechanism has been adequately explained. Some of the original text in Tamil referring to blood and its diseases can be correlated with the symptoms and manifestations of the AIDS/HIV patients. The disease has been referred to as KURUDHI PANDU in the Tamil text Kurudhi Anu Nialai Satta Vircharam and also as Boga Voozh

This paper presents one preparation named INSRI VEECEE being developed into an injectable formulation. The paper presents a report on toxicity studies carried out at Institute of Pharmacology Madurai Medical College, and formulations stability, sterility test carried out in our institution. The product was collected from INSRI.

CLINICAL

112. A SIMPLE SIDDHA TREATMENT FOR COMMON WARTS

JOSEPH THAS J.: Dept. of Pharmacology, Post Graduate Centre, Govt. Siddha Medical College, Palayamkottai - 627 002, Tirunelveli, Tamilnadu.

Verrucae are commonly called warts. They are caused by infection of the epidermal cells by human papilloma virus. Clinically the verrucae differ depending upon the sub type of the virus causing the infection. Verruca vulgaris is the commonest type. The lesions appear as a skin coloured or brownish papule with an irregular surface. It is a usually seen on the hands, forearms, face and occasionally on the paronychial folds or under nails.

Caustic chemicals, cryosurgery and lasers are used tp treat these to arts. A simple Siddha preparation gives excellent results in removing warts without leaving scars.

113. EXOREX-TRADITIONAL SIDDHA PREPARATION IN TREATMENT OF ANEMIA

PRASANNA D., JAI PRAKASH B., MOORTHY P. and PANDIAN K.G.M.: K.M. College of Pharmacy, Uthangudi, Madurai 107, Tamil Nadu.

The Siddha system of medicine which has its origin in Tamil Nadu claims success with its remedies for many illness. One such preparation named *Exorex* manufactured by International Naveen Siddha Research In-

stitute (INSRI) is claimed to be an effective hematinic. The preparation was tried in case of Iron deficiency anemia at Government General hospital, Chennai. Twenty patients with Iron-defeciency anaemia were taken up for the study which included 8 males and 12 females. The average age of the male patients was 36 years (range 22 - 54 years) and that of the female patients 31 years (range 18 - 49). The patients were given 25 ml *Exorex* twice daily. The heamoglobin level, RBC count improved significantly in all these cases.

The details of the report of the clinical trials and the stability studies will be presented in the paper.

STANDARDIZATION

114.SCIENTIFIC EVALUATION AND STANDARDISATION METHODOLOGY REQUIRED FOR TRADITIONAL INDIAN MEDICINE - PHYSIOCHEMICAL ASPECTS.

DEVI P., JAI PRAKASH B., MALLIKESWARI and BHAGIYALAKSHMI P.: K.M. College of Pharmacy, Uthangudi, Madurai - 625 107. Tamilnadu.

India was home to traditional medical practice for over 2000 years. The main branches of Indian system of medicine are Ayurveda and Siddha. The literature and compilation of Ayurveda have already been translated into several languages and widely published. Unfortunately the authenticity of this system is in geopardy now due to commercial exploitation and entry of many spurious and unethical products. Hence the genuine and qualified practitioners and manufactures are in need of proper scientific backing and support to enable the creative progress of this system. Siddha medical system is not yet translated and published in an organized manner mainly due to the scripts which are in Tamil.

This paper highlights the necessity of scientific evaluation and standardisation of these traditional herbal preparations. The methodologies were complied from the guidelines provided by World Health Organization (WHO) and Drugs directorate guidelines for traditional herbal medicines - Canada and inputs from other standard books have been referred.

This paper also highlights the methodologies for Physiochemical studies.

115. SCIENTIFIC EVALUATION AND STANDARDISATION METHODOLOGY REQUIRED FOR TRADITIONAL INDIAN MEDICINE - PHARMA-COLOGICAL ASPECTS.

SAMUEL THAVAMANI B., JAI PRAKASH B., and

MALLIKESWARI, K.M.College of Pharmacy, Uthangudi, Madurai - 625 107, Tamilnadu.

This paper highlights the necessity of scientific evaluation and standardisation of these traditional herbal preparations. The methodologies were compiled from the guidelines provided by World Health Organization (WHO) and Drugs directorate guidelines for traditional herbal medicines - Canada and inputs from other standard books have been referred.

This paper highlights the methodologies for Pharmacological and tericological studies.

CULTIVATION OF MEDICINAL PLANTS

116. STUDIES ON THE TOXICITY OF EXTRACTS OF GLORY LILLY (GLORIOSA SUPERBA L.) TO ROOT KNOT NEMATODE (MELOIDOGYNE INCOGENITA)

RAJADURAI K.R., VADIVEL E. and BEAULAH A.: Horticultural College and Research Institute, Tamil nadu Agricultural University, Coimbatore - 641 003, Tamilnadu.

Glory lilly (Gloriosa suprba L.) was taken as a test plant to find out the larval mortality of root knot nematode (Meloidogyne incogenita). Gloriosa superba fresh tubers were cut in to small pieces and extracts having different concentrations of standard (S), standard diluted two times (S/2), four times (S/4) and six times (S/6). Different concentrations of each solution were kept in different cavity blocks. In each cavity block 100 nematodes were introduced with 1 ml of water. The dead and surviving nematodes were counted after 48 hours and the percent mortality was calculated. The morality of the nematode increases with increasing concentrations of the extract. In standard (S) and S/2 concentrations, the mortality of 80% and 74% respectively where as in 1/4 and 1/6 the mortality varying from 40% to 50%. Highest toxicity was found in the standard solutions than the dilutions.

117. STUDIES ON THE TOXICITY OF EXTRACTS OF ALOE (ALOE VERA) TO ROOT KNOT NEMATODE (MELOIDOGYNE INCOGENITA)

RAJADURAI K.R., VADIVEL E. and BEAULAH A.: Horticultural College and Research Institute, Tamil nadu Agricultural University, Coimbatore - 641 003, Tamilnadu.

In the present study the leaf extracts of Aloe (Aloe vera) on the larval mortality of root-knot nematode Meloidogyne incogenita was determined. Fresh leaves of A.vera were chopped and extracts having concentra-

tions of standard (S), standard diluted two times (S/2), four times (S/4) and six times (S/6) were prepared. 20 ml of each solution were kept in different cavity blocks. In each cavity block 100 nematodes were introduced. The dead and surviving nematodes were counted after 6, 12, 24 and 48 hours and percent mortality was calculated. The morality of the nematode increased with an increase in exposure period and increasing concentrations of the extract. In standard (S) and (S/2) the mortality was found to be 75 to 80%. At S/4 and S/6 dilutions the mortality varying from 25% to 40%. Highest toxicity was found in the standard solutions than the dilutions.

118. STUDIES ON THE TOXICITY OF EXTRACTS OF MAHAGONI (SWIETENIA MAHAGONI) TO ROOT KNOT NEMATODE (MELOIDOGYNE INCOGENITA)

RAJADURAI K.R., VADIVEL E. and BEAULAH A.: Horticultural College and Research Institute, Tamil nadu Agricultural University, Coimbatore - 641 003, Tamilnadu.

Mahagoni (Swietenia mahagoni) was taken as a experimental plant to trace out the larval mortality of root-knot nematode (Meloidogyne incogenia). From the Mahagoni seed, kernals were scooped out and extracts were prepared at differnet concentrations. The different concentrations were standard, standard diluted two times (S/2), four times (S/4) and six times (S/6). The solutions were kept indifferent cavity blocks. In each cavity block 100 nematodes were introduced. The dead and surviving nematodes were counted after 48 hours and percent mortality was calculted. The mortality of the nematodes increased with an increase inexposure period and increased concentrations of the extract. In standard (S) and S/2 concentrations the mortality of 95% and 90% were noticed respectively, where as in 1/4 and 1/6 concentrations the mortality varying from 75% to 80%. Highest toxicity was found in the standard solutions than the dilutions.

119. STUDIES ON THE TOXICITY OF EXTRACTS OF CLERODENDRON (CLERODENDRON INERME) TO ROOT KNOT NEMATODE (MELOIDOGYNE INCOGENITA)

RAJADURAI K.R., VADIVEL E. and BEAULAH A.: Horticultural College and Research Institute, Tamil nadu Agricultural University, Coimbatore - 641 003, Tamilnadu.

In the present experiment clerodendran (Clerodendron inerme) was taken as a experimental crop to find out the larval mortality of root knot rematode (Meloidogyne incogenita). Clerodendran leaves were cut in to small pieces and extracts were prepared at

didfferent concentrations like standard (S), standard diluted two times (1/2), diluted four times (1/4) and diluted six times (1/6). The solutions were kept in different cavity blocks. In each cavity block 100 nematodes were introduced. The dead and surviving nematodes were counted after 48 hours and percent mortality was calculated. The mortality of the nematodes increased with an increase in exposure period and increased concentrations of the extract. In standard (S) and S/2 concentrations the mortality of 85% and 80% were noticed respectively, where as in 1/4 and 1/6 concentrations the mortality rate in varying from 65% to 80%. Highest toxicity was found in the standard solutions than the dilutions.

120. INVESTIGATION ON CERTAIN ASPECTS OF GROWTH AND DEVELOPMENT IN GLORY LILLY (GLORIOSA SUPERBA L.)

RAJADURAI K.R., VADIVEL E. and BEAULAH A.: Horticultural College and Research Institute, Tamil nadu Agricultural University, Coimbatore - 641 003, Tamilnadu.

Glory lilly (Gloriosa superba L.) is an important medicinal plant of the tropics. The plant possess an under ground part, the tuber and seed contain an alkaloid colchicine. Colchicine is used in modern medicine for the treatment of gout, rheumatism, diseases of liver and for including plyploidy in plants. In this study, some growth and development aspects of glory lilly was carried out in farmers field at Moolanur area, near Dharapuram, from July 1999 to February 2000. Investigation showed that plant height ranged from 75 cm, girth of the stem 0.50 cm to 0.80 cm, number of leaves/plant varied between 50 to 280 and number of branches perplant between was 2 to 50.

121. PERFORMANCE TIPPILI (*PIPER LONGUM*) ACCESSIONS AT SHEVROY HILLS

RAJAMANI K¹. and AZHAKIAMANAVALAN R.S².: ¹Urban Horticulture Development Centre Tamil Nadu Agricultural University. ²New No. 9, Ramanathan Streetm, Kilpauk, Chennai - 600 010, Tamilnadu. ² Dean, Horticultural College & Research Institute, Coimbatore - 3. Tamilnadu.

Piper longum, an indegenous medicinal plant is cultivated in India in states like Maharastra, Kerala, Karnataka etc. However India is importing 700 tonnes of tippili every year which valued at Rs 10 crores (Alice Kurian, The Hindu dt. 7.9.98). Tippili spikes are used for the diseases of repiratory tract viz., cough, bronchitis, asthma etc; as analgesic in local application, as snuff in coma and drowsiness and internally as carminative.

Several races of *Piper longum* have been reported

with numerous variations in its biochemical constitutents (Wealth of India: 8: 96-98). To identify a high yielding genotype of Tippili, a germplasm collection was made at Horticultural Research Station, Yercaud during 1994. A total of 21 accessions from the western and eastern ghat hill ranges of Kerala, Tamil Nadu were collected and raised on a large area. The hills of Yercaud which are medium with an annual rainfall of 1200 mm, relative humidity of 67 per cent is very ideal for cultivation of this crop. The accessions were evaluated for plant growth, flowering spiking and yield.

122. FLORAL BIOLOGY AND POLLINATION STUD-IES IN GLORIOSA SUPERBA

RAJAMANI K.: Urban Horticulture Development Centre, TNAU, New No. 9, Ramanathan Street, Kilpauk, Chennai - 600 010, Tamilnadu.

Gloriosa superba is high value medicinal plant grown in Tamil Nadu in an area of more than 1500 hactares. The seeds possess the expensive bio-chemical constituent viz., colchicine which has wider, utility in pharmaceutical industries and in technology. Colchicine is used in treatment of 'gout' and as polyploidising agent in genetic improvement. Floral biology and ollination studies with this plant are discussed.

*** * ***

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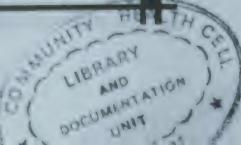
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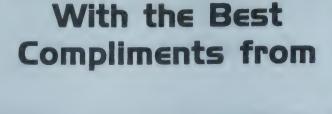
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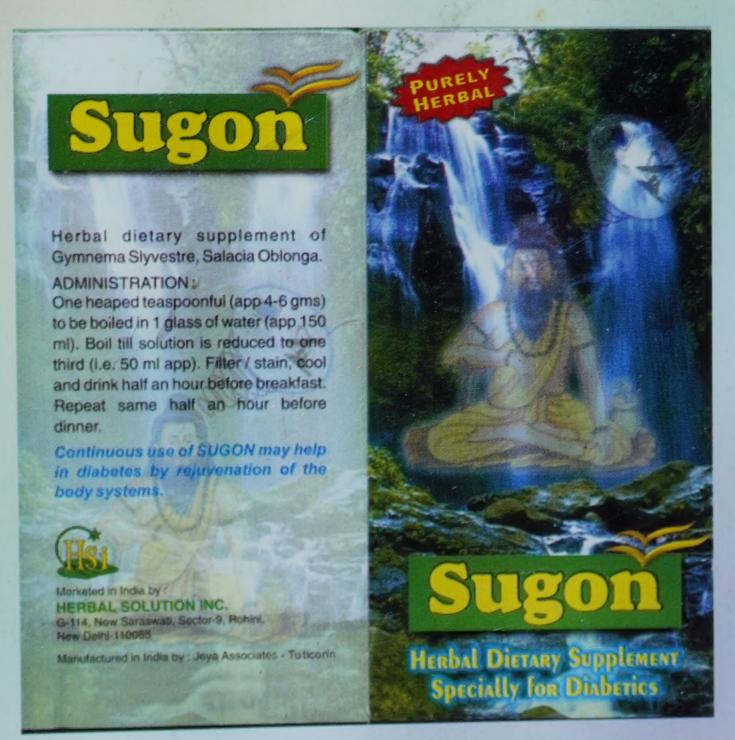
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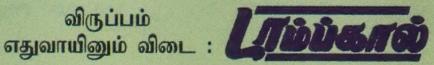




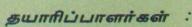
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